

THE ALABAMA MEDICAL JOURNAL.

VOL. 16. FEBRUARY, 1904. No. 3

Original Communications.

EVERYDAY PREVENTIVE MEDICINE.

By S. C. CARSON, A. M., M. D.,

GREENSBORO, ALA.

The purpose of this paper, so far from referring to quarantines, or sanitation, or the secrets of alchemy and the laboratory, would rather tend to the consideration of several—among the many—plain and practical measures whereby the practitioner in the ordinary routine of his everyday duties can ameliorate and prevent much of the distress and disease of which human flesh is now the heir. It is true that some of these features have been imparted to us as the result of long and tedious research; but they have now become common property and should be thoroughly assimilated by every member of the medical profession to the end that they may bear their full fruits.

With such a topic it cannot be claimed as a digression—nay it would be strange were I not to speak of the unselfish devotion of the profession at large to the well-being of mankind; of its untiring and zealous faithfulness towards eradicating from the face of the earth the very foundation upon which its existence is based. When I combine in only a short retrospect the varying scenes as they presented themselves to me in the numerous hospitals and eleemosynary institutions, both in the new world and on the continent, the same spirit of earnest and persistent labor everywhere displayed—it leaves a picture in my mind of a well organized and disciplined line of sappers with pick and shovel undermining the defenses of the enemy. Nor is the picture complete without the body of a martyr here and

there. "No human calling tends to minimize self and maximize beneficent offices towards others like to that of the medical profession."

To the end that a practitioner may do the most good, the relation between him and his patient should be most cordial and confidential. Therefore the physician himself should be worthy of trust, high-minded, and endowed with "a charity which above earthly goodness 'thinketh no evil.'" "In addition to that liberal education included in medicine, there is a contact and personal intimacy with human weakness, through medical practice, which contribute to judicial capacity. The doctor reads the book of human nature while the people turn the leaves."

This brings me to the consideration of what may be designated the key-stone of preventive medicine—a species of prophylaxis as it were, viz:—the physical development of the human body. Ante-dating the marriage contract, it is frequently the prerogative of the physician to advise—as he should do most strenuously—against the union of the insane, the tubercular and the syphilitic. No one holds the key to the knowledge of the latter blight upon humanity as does the family physician. Especially should he warn against the marriage of an inveterate inebriate; but should this not be heeded, he must insist that no marital act should be committed during a debauch when either parent is in the maudlin condition. Too frequently we meet with idiots and monstrosities as the result of such a reprehensible disregard of natural laws. "To take the time to counsel those about to marry, or to instruct the mother how not to spoil her children; to caution the father about his erratic son, and give detailed instructions how to make him stable; to talk seriously to the young woman who is 'all nerves' and lives in her emotions; to reason clear and forcibly with the head of a family who is preparing himself for a break-down—are these minor matters? And yet if you will stop for a moment, take your fingers from the pulse and your hand from the scalpel, your eye from the microscope and your thoughts from the microbe, I think you will agree with me that these trivialities contribute quite as much to human sufferings as do the infections, inflammations, and neoplasms in the long category of human pathology." But after birth the real office of the physician begins. My exalted idea of his province may be sadly out of joint with this materialistic age; but in my opinion every conscientious member of the profession should burden himself with a fatherly supervision of the children of his patrons—not officiously but as well-meaning monitor—by noticing carefully each child and correcting every defect as it arises. If this defect be orthopaedic in its nature, while the

muscles are oft and the bones pliable, teach the mother the necessity of persistent manipulation and massage in order to prevent a more serious operation later. Should the defect be cosmetic it should have the earliest practical attention. It is an unpardonable breach of duty to neglect a small meatus, an adherent prepuce, or a condition of actual phymosis and thereby render the child a fit subject for all the reflex nervous phenomena—whose name is legion—even to convulsions of a serious nature. Dr. Lewis A. Sayre of New York, brought this subject prominently before the profession some twenty years ago at the same time that he introduced the plaster jacket for spinal curvature. Within the past two months, it has fallen to my lot to relieve two gentlemen—sound in all particulars save their nervous system—by a simple incision of the meatus. In one case the father—consulting me confidentially in regard to his son twenty-one years of age—expressed the fear that his mind was becoming unbalanced. No apparently ‘little’ thing is more portentous.

Another condition that appeals to us in early infancy—the correct treatment of which has only become known in comparatively recent years—is cretanism. Of course in our practice we rarely ever see a true case, such as one meets every day in large cities. It presents a most repulsive picture. While visiting a certain hospital in London, where from two hundred and fifty to three hundred children furnish the material for each morning’s clinic, I saw a number of these hideous unfortunates. In the last five years I have diagnosed what I termed a refined cretanism in two children—each about two years old when seen—born into good families and under favorable conditions. An inability to stand, walk, or talk, a late dentition, a peculiar physiognomy, and a mild “dreuling” were the symptoms that I think were due to a failure to a limited degree in the thyroid gland. One of these children, a girl, is now five years old, with a persistence of symptoms. In spite of the fact that the administration of thyroid extract under the proper observance is harmless, and its effect in proper cases is wonder-working, I have not been able to prevail upon the family to give it a trial, so thoroughly are they convinced that this is only a matter of “backwardness.” However they live at a distance from me, and I have only seen the child twice in the five years. The second case, a little boy two years of age, is of unusual interest on account of his sudden and peculiar death last week. In the certificate, I stated cause of death as toxæmia; but to the family, I explained more fully that the respiratory centers were over-whelmed by the absorption of toxins. I could not satisfy myself as to the nature of the toxins or why this particular centre

should be the point of election. A highly interesting article in the Bulletin of the Johns Hopkins Hospital for October, by George Blumer, M. D., on "The Relation of the Status Lymphaticus to Sudden Death," enlightened me greatly, especially as he mentions that Cretans are subject to sudden death by what he terms Lympho-Toxaemia.

As the child grows older, should he become sedentary in his habits, see that an abundance of exercise where the mind is drawn out from self—an exhilarating, life-giving exercise is ready at hand, such as horse-back riding, a judicious use of the wheel, golf and sea-bathing. If the chest muscles or the long muscles of the spine are deficient, have a gymnasium in the house if necessary and furnish an outline of physical culture. Also give a few lessons in practical massage. I believe that each separate muscle can be brought to the normal standard by careful training; that even much benefit can be imparted to an undersized heart and, I am sure from personal observation and experience, it can be imparted to that other muscular organ, the uterus. Hare says, "The success of the Swedish gymnasts, both by manual and mechanical means, in treating affections of the heart has been quite remarkable. In this branch of treatment, the Swedes certainly anticipated the so-called Oertel treatment as a cure for weak and fatty heart. Dr. Zander has had marked success in treating Scoliosis. Enough has been said, I think, to indicate that medical gymnastics has entered on a new stage of development—that they are more carefully studied, better understood, and more generally prescribed by medical men in Scandinavia and Germany than ever before."

As far back as 1896 I wrote to Dr. Sargent of the Heminway Gymnasium at Harvard University for certain charts and literature, realizing the importance of such treatment; but I was compelled by my environments to abandon any further efforts in that line just as I was forced from my position as to the most self-evident proposition in the practice of obstetrics, viz: that all primiparae should submit to pelvic measurements. Sargent has as many as one hundred and fifty different developing gymnastic machines. I consider without exception that the contribution to the last session of the Medical Association of the State of Alabama from which the most good will result was a paper of a kindred subject by Dr. D. L. Wilkinson, of Montevallo, on "Some Remarks Concerning Education, and the Results of the Examination of Over Two Thousand Young College Women."

One of the most recently opened channels through which the

beneficent influences of preventive medicine may reach a greater number of the most impoverished class—especially in the sandy soil of our State—is the dissemination of the knowledge of the habitat, manner of infection, mode of propagation, and the process for destruction of the *Uncinariasis*. This helminth is far more prevalent and its ravages far more potent—producing a morbid state that might be termed “helminthiasis” than one would at the first blush imagine. There is no better illustration of the wide gulf between empiricism and scientific or exact medicine than is furnished by this comparatively new disease. And just here I will venture the prediction that some of you will—as has been the case with myself—in the light of this new discovery be compelled to re-write your diagnosis in several cases that you have complacently labeled “anaemia” or “chlorosis.” My chagrin has only been surpassed by the gratification I experienced from relieving my patients when, after two years in one case and one year in another of persistent and heroic administration of iron, arsenic and their congeners in order to overcome an “anaemia,” I took these youths into the sanitarium, turned them over to my nurse with certain directions with a result that hundreds of these parasites were expelled—whose presence the patient had never suspected. I had another case of chlorosis (?) There are no regrets in this case however, since it was a perfect inspiration to a search for, and a fountain of knowledge on this interesting subject. All text-books, periodicals, and the opinion of prominent men known to me were called into requisition. I even prepared a paper on the subject—a synopsis of which I read before the Third Pan American Congress in Havana. I found in this case, the characteristic greenish-yellow complexion, the throbbing of the carotids, the severe palpitation, dyspnea, syncope, and the whole category of nervous phenomena which give rise to the theory with some that chlorosis is a neurosis that brings in its train all the distressing symptoms of mal-assimilation and mal-nutrition. I found a marked decrease in the percentage of haemoglobin which stamps chlorosis as an anaemia. The extreme constipation and digestive perversions gave occasion to entertain Sir Andrew Clark’s theory that chlorosis is the result of the absorption of ptomaines from the alimentary canal. The long continued amenorrhoea—she menstruated for the first time after she was twenty years of age—and the infantile uterus encouraged the idea advanced by Skene and others that chlorosis is due to a faulty development of the circulatory system as well as the genital system—and yet I am firmly persuaded now that my case of chlorosis was due to the hookworm. In order to emphasize the disinterested

zeal of the profession in matters of this kind, I will mention that two of these three cases had full command of all the appointments of a sanatorium, my assistant and myself—together with the cheerful help of Dr. H. G. Perry with the microscope to make the blood count and examine the feces—all this without an entry being made except in the "case-book."

I will simply refresh your minds by a brief reference to the infections and contagions—probably the broadest field for preventive medicine. Much here is purely educational,—teaching the people. "Doing things for people is least useful. Teach people how to do things for themselves and above all in teaching them the "hows," teach them also the "whys." The mere knowledge by the comparatively few who yet have learned the fact that consumption is a preventable disease has decreased its prevalence incredibly. Take only one instance. In Copenhagen there has been a decline in the mortality from tuberculosis from 3.1 to 1.8 per thousand since Koch's discovery. Since the curative and immunizing powers of antitoxin have been discovered, the death rate of diphtheria in London has fallen from 740 to the million in 1902 to 250 in 1903. The Chicago Health Department reports in its last weekly leaflet (kindly sent me by the editor of the Journal of the A. M. A.) that from 1887 to 1894 inclusive there were 11,251 deaths from diphtheria and croup, while since that time—from 1895 to 1902 inclusive—notwithstanding the increase of population there have been only 7,093 such deaths. That malaria—hydra-headed—is spread by a certain species of mosquito should be taught with all earnestness. That it can be eradicated by destroying the mosquito should be the burden of our conversation among the people. That yellow fever is propagated by yet another species of mosquito should be heralded with no uncertain sound. Only in this way can we produce that horror for this little insect that will finally work out his extermination. Probably I have more indelible convictions on this point as to yellow fever than others from the fact that it was my good fortune, in company with Surgeon-general Wyman, Dr. John Guiteras and some half dozen other gentlemen to inspect the experiment station of the U. S. Yellow Fever Commission at Camp Lazear, Havana, Cuba—being conducted through the camp by Drs. Reed, Carroll and Agramonte, who constituted the Commission. I personally examined each case of yellow fever, passed through the building erected for the experiments and conversed with the parties who were then going through with the experiment. According to my opinion the findings of this Commission are scarcely surpassed, in its beneficent effect upon humanity, by the discovery of inoculation for smallpox,

Some think the Commission was too radical in concluding that the mosquito is the only means of contagion; but the late report of the French Commission after a most thorough and exhaustive research substantiate the findings of the United States Commission, especially in this position.

REPORT OF MAJOR OPERATIONS AT ST. VINCENT'S HOSPITAL.

BY E. M. ROBINSON, M. D.,

BIRMINGHAM, ALA.

Case 1. Mary B. Case of Dr. Hanley. Age about forty-five years; had borne several children, the youngest now grown. Gave history of great pain in pelvis for several years. Menstruation painful and irregular. A very hard, immovable tumor was found occupying all of the pelvis space, which was spherical in shape. Diagnosis, fibroid of uterus. Operation, Oct. 14th. Adhesions were present everywhere, to the bladder, intestines, etc. These were separated in front and when the dissection was carried to the posterior part of tumor, the bleeding was so free and adhesions so dense that the operation was abandoned. A drain was left in on account of so much oozing. The drainage continued for weeks. She was able to leave the hospital in three weeks, somewhat improved, and her condition has been slowly improving ever since.

Case 2. Mr. R., age twenty-eight, admitted Oct. 23d, 9 p. m. Septic appendicitis. Was brought in by Dr. T. F. Robertson of Bessemer. This was a recurrent attack and of four days' standing. His condition was very alarming; temperature 103, pulse 130. Abdomen tense, but no tumor in region of appendix. Patient was operated on soon as admitted. The appendix was removed and an abscess cavity was found, containing quite a lot of pus which was carefully mopped out and drained with gauze. Abdominal wound partly closed. Recovery was uneventful; was able to discontinue drainage in about fifteen days, returned home in four weeks, and resumed work in eight weeks.

Case 3. Mrs. D. Sent in by Dr. Baird of Cullman. Age forty years. Had borne one child several years ago. An enlargement noticed one year ago in abdomen had been steadily growing. Diagnosis, multiple fibroid. Operation Oct. 24th. There were nine tumors, varying in size from a cocoanut to a partridge egg. They were re-

moved with the uterus. Abdomen closed without drainage. Complete recovery.

Case 4. Colored woman, sent in from Warner Mines. About thirty years of age; had one child twelve years old. History of gonorrhoea. Operated on Nov. 2d. Abscess in left tube, ovary inflamed, and right tube and ovary diseased. Both tubes and ovaries removed; wound closed without drainage. Recovery complete in three weeks. Her symptoms, which were painful during menstruation, constant pain in pelvis, sterility, etc., dated back ten or twelve years, all caused no doubt from the gonorrhoea.

Case 5. Male, sent in by Dr. Harwell. Had hydrocele, which had been aspirated and become infected; right testicle was swollen to enormous size, and had high fever. Testicle was removed Nov. 4th, and found to contain great quantity of pus. Was well in two weeks, and able to resume work.

Case 6. Mrs. R. V. Case of Dr. Meadow. Age forty-four years; mother of six children, the youngest sixteen years of age. Had stroke of paralysis during eighth month of last pregnancy; left arm and leg partially paralyzed, and has practically been an invalid ever since, yet energetic and did most of her house work. Suffered from backache and general prostration and pains. Examination revealed prolapsed and sore ovaries. The uterus was large and bound down. Patient was nervous and fretful. Was operated on Nov. 9th by Dr. Meadow and myself. Right ovary and tube cystic. Wound closed without drainage. Recovery uneventful. Recovered in two weeks.

Case 7. Lillie, colored. Was brought in by Dr. Jordan. Age about thirty years; had borne several children, last one several years ago. History gonorrhoea. Suffered terrible pains in pelvis for a long time. A large fluctuating tumor could be made out in pelvis on right side. Operated upon Nov. 13th by Dr. Jordan and myself. The tumor proved to be a large abscess of right tube; also diseased left ovary. Uterus very much enlarged and unhealthy in appearance. The adhesions were numerous. The abscess was ruptured during the removal, and a quantity of very foul smelling pus was liberated, but was kept mopped out, the abdomen having been previously protected by large gauze sponges. The uterus, ovaries and tubes were removed, and wound drained with gauze. Upon the third or fourth day pneumonia developed, and for several days it looked like she could not recover, but when the pneumonia passed off, she made slow, but otherwise satisfactory recovery.

Case 8. Gertie, white girl, unmarried; one child two years old. History, gonorrhoea, two years ago. Fluctuating tumor in pelvis.

Operated upon Nov. 19th. Large abscess in both tubes, which were ruptured in separating adhesions, which were very extensive. Womb was diseased which was also removed with tubes and ovaries. Pelvis drained with gauze. Patient made quick recovery, and returned to her place in three weeks.

Case 9. Miss R. J., age thirty-five years; very large, weighing more than 300 pounds. Had received slight wound on left leg in September, which had become infected, and when I saw her on Nov. 18th, she was suffering from pyemia; leg was swollen to great size. Temperature 103, pulse 120 to 130. Condition looked very serious. Operated upon Nov. 20th. An incision was made on anterior part of leg down to tibia, which was found to be rough in small portions, from which periosteum was sloughed off. This was curetted. I could pass my hand between fat and muscles on inner side of leg to the posterior part where counter opening was made. The drain (gauze) was passed clear through from the anterior to the posterior opening. Another opening was made on the outside of leg, through which a drain was passed, communicating with first incision in front. The accumulation of pus had dissected the fat from the muscles and had burrowed between the muscles to quite an extent, making this through and thorough drainage necessary. The patient's condition improved and she was able to be removed from the hospital in three weeks, but the drain leading from the anterior to the posterior part of the leg formed a sinus which would not heal, and pus kept accumulating at different intervals and places which would always be shown by a rise of temperature and severe chills until it was let out by opening. On Jan. 10th she suffered from one of these relapses, and I had her again removed to the hospital and a free incision made through the skin and fat, which was at least two inches thick, around the inside of the leg, connecting the anterior with the posterior opening. This was packed with gauze and dressed with moist gauze and covered with oil silk. She has been steadily improving ever since.

Case 10. Mrs. T. Was visiting in town; was taken down one night with severe pain in abdomen which continued until noon the following day when I saw her. Diagnosis, appendicitis, but further examination revealed a large tumor the size of an orange, which was very movable on left side. The case was further complicated by pregnancy of four months duration. She was carried to the hospital the following day and operated on at 3 p. m., Dec. 11th. A median incision was made; the appendix was removed and found to be very much inflamed, swollen and red. The tumor, which proved to be a fibroid the size of a large orange, was removed from the left side by

transfixing pedicle with double ligature. A small sub-mural fibroid as large as a partridge egg was found upon anterior surface of uterus, and the incision was closed by continuous catgut suture. Abdomen closed without draining. Patient recovered without any bad symptoms whatever. Left hospital Dec. 24th, just two weeks after operation.

Case 11. Mary, colored, sent in by Dr. Hayes. Had borne several children some years ago. History, gonorrhoea. Present trouble dated back several years. Was curetted in June by Dr. Hayes. Symptoms improved for a while. When admitted a mass could be made out in left ovarian region. Diagnosis, pyosalpinx. Was operated upon Dec. 22d. There was a large abscess in right tube. This was removed without rupturing the sack. There was also a fibroid of the uterus. Uterus was removed. Right ovary in pretty good condition was left. She made an uneventful recovery. Wound closed without draining.

Case 12. Mrs. B. Thirty-eight years of age; had several children. Suffered one year from pain in pelvis; had some fever. She was admitted as a medical case. The visiting physician discovered an abdominal tumor and she was turned over to me. A fluctuating tumor, immovable, was made out. Operated Dec. 28th. The tumor was found to be adhered to everything, and resembled a pregnant uterus so much that I considered seriously giving it up, and I would have done so perhaps had I not gone so far separating adhesions that I thought it would not be safe to leave it even if it was a pregnant uterus. It had so completely enveloped the uterus that the latter could not be palpated until the adhesions were separated, even with one hand in the abdomen and the other in the vagina. It was separated, however, and removed without rupture, and revealed a large cyst in left ovary containing some pus, which probably accounted for the fever. The right ovary was diseased to such an extent as to require its removal also. Abdomen was closed without draining, but a stitch abscess developed, causing a sinus to form, which led down into the pelvis, requiring a drain for several days. A cough also developed, causing a slow recovery.

Case 13. Mrs. G., German, thirty-five years old, widow. Had borne children. Present trouble dated back several years. Pain in abdomen, irregular and painful menstruations. Diagnosis, piosalpinx. Operated upon Dec. 31st. A large pus tube was found on left side, resembling in shape and size a large banana. This was removed without rupture. The walls were exceedingly thin. Abdomen closed without draining. Recovery quick, rapid and satisfactory.

Case 14. Mrs. H., twenty-five years of age; mother of one child. One abortion in July. Was curetted by her physician; has been troubled ever since with profuse menstruations, and heavy dragging feeling. Examination showed a badly lacerated cervix with granulated lips. Operated upon Jan. 23th. Uterus curetted and cervix amputated. The stitches did not hold well on right side, but left side held and united. Right side healed by granulation.

Case 15. Mrs. R., age thirty-four years; one child nine years old; one abortion. Patient very feeble, constant pain in pelvis, especially on left side, also in region of appendix. Dr. Noble of Atlanta, advised removal of ovaries. Was operated upon Jan. 16th. Right ovary enlarged and cystic. Left ovary prolapsed and adhered. Both ovaries and tube removed. Appendix, which was swollen and hard and bound down, was also removed. Abdomen closed without draining. Patient very much improved and left the hospital in two weeks.

Case 16. Mrs. S., age thirty-four. Never been pregnant. Had suffered for fifteen years from very painful menstruations, with severe attacks of pelvic pain and fever. Had consulted several physicians, who, after trying other means, advised removal of ovaries. Operated Jan. 19th. Both ovaries prolapsed and adherent; tubes very much swollen and inflamed. Ovaries and tubes were removed. Appendix was examined and found very unhealthy in appearance and was removed. Abdomen closed. Recovery complete.

A number of cases have been left out of this report because they were uninteresting or would have been a repetition of cases included in the report. The fact that not a single case proved fatal is due to perfect technique carried out in the surgical building at the hospital and the efficient help rendered by the hospital authorities after operation.

TYPHOID FEVER.

By J. S. WINTERS, M. D.,

BESSEMER, ALA.

Read Before the Bessemer Medical Society, February 1, 1904.

The sole cause of every attack of typhoid fever is an infection of the body by a definite pathogenic bacillus—the typhoid bacillus or bacillus of Eberth. 'Tis not my purpose to dwell upon the pathology, diagnosis, prognosis and treatment of typhoid fever, but to give merely the modes of infection and the best methods of prevention. The bacilli have been found chiefly in the typhoidal infiltration of

the intestine—in the mesenteric glands, spleen, liver, kidneys, pleura, the meninges, in the gall bladder, stools, urine and in the blood taken from the spot of roseola. As a rule not in rest of blood. The bacilli are found in stools usually after the first week and the greatest number are found during the fastigium. They grow progressively less numerous during the decline and we fail to find them shortly after the temperature reaches the normal. With the urine the reverse holds true, and we find them in greater number during the decline and persisting for one or two weeks after the normal has been reached.

How the specific typhoid bacillus gains entrance into the human body and what circumstances are there essential for their further development, are questions hard to answer accurately. As to exact method of infection, views differ widely. The two distinctive theories that we now have are, first, the ground soil, and second, drinking water. According to those that hold to the first theory, the ground soil is to be regarded as the chief place of development of bacteria. Whether these will flourish depends on the condition of the soil. According to Pettenkafer a soil that air and water easily penetrates—in other words an alluvial soil—is most favorable for spread of disease, while a firm, rocky bottom ground makes further development impossible and where this tendency of the ground soil is wanting, the disease can neither be introduced, nor, if brought in by sick, spread any further. According to this observer the poison is seldom if ever transferred directly from one person to another. The poison in the stools and urine must be changed by the soil before it becomes infectious. The ground air which is continually rising, carries the poison, not only into the open atmosphere, but into the air of living rooms and being inhaled produces infection. Contrasted with this is the theory held by majority of physicians, that drinking water and milk play an increasingly important role in the origin of many epidemics of typhoid fever. In fact we are forced to believe that typhoid germs are brought into the body by means of contaminated water used for drinking and other purposes. The same can be said of milk where the cans and bottles are washed by water containing the germs. But we must not disregard the character of the soil, for the disease producing poison, not to speak of direct pollution, is probably often communicated to the water from the soil. This probability is especially great if wells are near drains or cess pools containing typhoid discharges. In epidemics caused by drinking water, the germs have repeatedly been found in the suspected water.

So we have to admit that no single theory can explain all the facts, and the possibility of infection occurring in several ways must always be considered. "The final source of infection must always be sought for in a previous case of typhoid fever." From this patient the bacilli reach the external world through the dejections and may reach and directly infect another human body. Take for example the nurses and wash-women who wash the soiled bedding, etc.

In most of our larger cities typhoid fever is today an endemic disease and its appearance as an epidemic in smaller towns and the country is not of infrequent occurrence. These facts have been the occasion of comment both in the lay and medical press and without doubt are worthy of careful consideration at our hands. Since we are agreed that contaminated milk and water supply are the chief avenues along which the infection of typhoid fever is transmitted, then it becomes our duty to direct our attention to safeguarding these channels against contamination by the destruction of the causative bacillus, as by various routes it leaves the bodies of those suffering from the disease. Measures so directed come directly within the sphere of the medical practitioner and I believe that properly and intelligently carried out, disinfection would do for typhoid fever what vaccination has done for small-pox and that eventually typhoid fever would be among the things that were. This may be putting it strong, yet I make the assertion that we, as practitioners, are the guilty cause of every outbreak of typhoid fever. Why, gentlemen, these cases are treated in the general wards of our hospitals and we have no outbreaks and why? Because the proper means are used to prevent, and it lies within our power in general practice to do the same thing and if we fail to do our duty along this line, we cause the suffering and death of many an innocent victim.

Burns says: "Man's inhumanity to man makes countless thousands mourn," and I say a physician's neglect of duty to properly disinfect the discharges of a typhoid patient, causes countless cases more. Now as to the best methods of prevention. First the destruction of the causative bacillus as it leaves the body through the bowels and urine. This is the most important and is to be accomplished by the physician. The safeguarding the avenues of infection requires the attention of the municipal authorities and I will not discuss it, but leave it to another. I can do no better than quote the measures recommended by the American Public Health Association:

First. Standard Sol. No. 1. Dissolve 4 $\frac{5}{8}$ best chloride lime, containing 25 per cent. chlorine, in one gallon pure water. One quart of this solution for disinfecting each discharge of urine or fecal mat-

ter. Stir in well and leave in vessel for one hour before throwing into privy vault or sewer. This cost about one or two cents per gallon.

Second. Standard Sol. No. 2. Corrosive chloride mercury, Pot. Permang. aa $\mathfrak{z}$ ii to one gallon water. Used in same manner and for same purpose and quite as effective. Mix well and leave for four hours. Its advantage over Sol. No. 1 is that it is odorless. This of course is very poisonous and will ruin lead pipes. Do not place it in metal receptacles. This should cost less than 5 cents per gallon.

Third. Standard Sol. No. 3. Chlor. Corros. Hy. $\mathfrak{4}\mathfrak{j}$ Sulp. Copper, one pound to gallon water. This for disinfection of clothing. Soak well for two hours before sending out to wash. This should be done in the room, or adjoining room.

The surface of body of sick person or his attendant when soiled with infectious discharge should be cleansed with disinfecting agent. For this purpose can use Sol. No. 1 diluted with three parts water, with a 2 per cent. Carbolic Acid Sol. or a 1-1000 Sol. Hy. Cor. Chlor. Body of dead should be covered with a sheet saturated with Sol. No. 1—a 5 per cent. Sol. Carb. Acid or 1-500 Hy. Cor. Chlor.

Boiling for one-half hour will destroy vitality of all known germs. Sheets, gowns, etc., should be put in boiling water or Sol. No. 3 immediately. Mattresses, pillows, etc., cannot be effectually disinfected by fumigation and should be burned. For disinfecting sick room, we should have surfaces—that is, walls, ceiling, etc., thoroughly cleansed with Sol. No. 1 diluted three times. Free ventilation and possibly wash over with lime wash. Thermometers, basins, dishes, etc., must all receive attention.

Fumigation with Formaldehyde gas is superior to sulphur and less harmful to household goods, but too much faith cannot be pinned to it. These precautions should be carried out even if only a suspicion of typhoid fever is aroused. Until such means are established, the suffering and death from typhoid fever will continue to cry out in accusation against us as physicians.

Bessemer, Ala., Jan. 23, 1904.

MEMORIAL ADDRESS ON DR. W. E. B. DAVIS.

By DR. RICHARD DOUGLASS.

Delivered Before the Southern Surgical and Gynecological Society,
at Atlanta, Ga., December, 1903.

Mr. President and Fellows—Let surgery pause and medicine slumber, for this hour is consecrated to the memory of one we all

loved. This is the annual meeting of the Southern Surgical and Gynecological association, yet Elias Davis is not among us. How strange it all seems! Who has not missed his cordial greeting so unmistakably sincere? Who does not look for that tall awkward form, those clear cut angular features, those restless, penetrating but kind eyes? Just a year ago, it seems—but yesterday, he was with us, zealous and active as of yore; yet there was something on his face that bore the shadow of impending fate. Ruthlessly he was taken from us. Mourn him we must, forget him we cannot.

Since last we assembled, three ex-presidents of this association have crossed into the "beyond." Grim Charon only rests upon his oars a little while ere he calls for another passenger. Quickly, almost suddenly, the summons came to Dr. Engleman. Why should his like be taken from us; so gentle, cultured, loving and lovable. The flowers o'er his new-made grave have scarce lost their fragrance. Sweet memories of him will linger with us always.

Next to follow was J. McFadden Gaston, the "Nestor" of southern surgery; a veteran of almost four-score years; a rugged, original character, always a thinker and leader of men. His honorable and varied career came to a peaceful end November 15, 1903. Younger than either of these was Dr. Davis. Willingly but sadly, I will review his brilliant young life; not to glorify it, nor yet to indulge in soulless persiflage, but that those of us who lived with him and after him may be inspired by his nobility, impressed by his humanity and imbued by his ambition. In the quiet village of Trussville, Jefferson county, Alabama, on November 25, 1863, William Elias Brownlee Davis was born. He sprang from a line of physicians; his paternal ancestors for five generations were reputable practitioners of medicine; his father, a surgeon in the Confederacy, was killed at St. Petersburg, Va., leaving a widow and two sons impoverished by devastating war. Bereft of a father's guidance and support, these brothers Davis became the sole charge of their mother. Heroically she battled against adversity and instilled into these lads her gentle Christian spirit, and inspired them with their father's ambition and patriotism.

From the earliest days, Elias Davis knew what it was to work. Upon the farm he did his quota to contribute to the family support. Being of a studious and active mind, every sacrifice was made his mother and elder brother to give him the advantages of an education. His early training was in Trussville; later we find him a student in the University of Alabama, zealous in his work, but from ill health and for want of sufficient means he was unable to complete his col-

lege course. He entered upon the study of medicine under the direction of his brother, Dr. J. D. S. Davis, and later pursued his studies in Nashville and Louisville, finally graduating from the Bellevue Hospital Medical college 1884. Impatient to engage in active and productive life, he formed a partnership with his brother and entered upon the practice of his profession in Birmingham, Ala. Thus was initiated a career marvelous in its brilliancy, glorious in its achievements and unutterably sad in its sudden ending. As a lightning bolt from out the clear sky came the terrible accident which ushered into eternity the noble spirit of Dr. Davis. And what was left? A young and desolate widow engulfed in the despair of this horrible calamity; a broken-hearted brother bereft of the strong, sustaining influence and tender affection which welded their two lives as one; and two lovely little girls, not yet old enough to realize the magnitude of their misfortune. Nor was this all; a terrible gloom fell over all our southland—the theater of his achievements. Thousands of hearts throbbed in sorrow. Nor yet, indeed, was this all. We, the fellows of this association, had lost our founder, our leader, our friend and claim the sad privilege of mingling our tears with those nearest in blood.

Shrouded in the gloom of this bereavement is there no hope, no consolation? Imperishable in the ashes of this magnificent ruin lie resplendent the jewels of virtue, honor, humanity and success. These adorn the crown of his career and in their refulgent rays we find comfort and encouragement. If to be honored by his fellowmen was a part of the ambition of Elias Davis, then he attained the fruition of his wildest dreams.

Mark you how success attended every undertaking. He has been active in the medical councils of his State and the nation for fifteen years. As early as 1891 we find him succeeding Robert Batty as president of the Tri-State Medical Association of Alabama, Georgia and Tennessee. In 1893 he was chairman of the surgical section on abdominal surgery and gynecology in the first Pan-American congress and vice-president of the second congress. In 1900 we find him elevated to the presidency of the American Association of Obstetricians and Gynecologists—an exalted position attained in a body where merit alone prevails. Some idea of the scope of his reputation is suggested by the fact that he was honorary fellow of the state societies of New York, Louisiana and of the British Gynecological society. Alabama, a pioneer in educational requirements for license to practice, placed him upon her state board of medical examiners. These were all notable honors; but the last and greatest

of all came to him in 1901, when he was chosen president of this distinguished body.

A man so conspicuously and constantly in the foreground of his profession must possess unusual traits of character, transcendent elements of success. These honors may occasionally fall by accidents of circumstance or political trickery upon the unworthy, but the profession does not reaffirm its judgment except upon the basis of merit. Individualizing the elements in the character of Dr. Davis, we find sufficient reason for his ascendancy.

This young doctor located in the active village of Birmingham, needed not the eloquence of an Osler to teach him "The master word in medicine." Work he had always done, work of a masterful kind he was destined to do. Who can say what the initial incentive may have been; perhaps necessity, or maybe an ambition for wealth and its luxuries, or possibly in his boyish dreams he was allured by the goddess of Fame. These, one or all, may have induced him to enter into the strife of life; but being in, there is naught in his whole career to belie the statement that he battled for the advancement of science in the cause of humanity. Early in his career we find him seeking knowledge at the side of the greatest clinical teacher in this country and abroad. Returning to his practice, he improved every available moment by laborious study. His restless and inquiring brain was not prepared to accept unreservedly the unsupported facts which find their way into medical literature. By close observation, experimentation and diligent research, he sought out the real truth for himself. Remote from university halls or laboratories, he pursued after his own way, amid inconceivable difficulties, original investigations. The association with Dr. Batty for a brief period, developed his taste for gynecology and abdominal surgery; and to this special field he devoted all his energies.

Recognizing the educational value of medical associations, he allied himself with the principal special and general societies in this country. Impatient because of their infrequent meetings, he and his brother organized the Alabama Surgical and Gynecological society. Meeting with only indifferent support, he conceived the possibility of an organization of wider scope. To the accomplishment of this purpose, he bent all energies of his enthusiastic nature and as the result, the Southern Surgical and Gynecological Association was organized in his office September, 1888; the Rev. Dr. W. D. Haggard, father of our honorable secretary, was elected the first president and Dr. W. E. B. Davis secretary and active executive officer. From this hour Dr. Davis became the most active man in medicine in the South.

His conception of the needs for and advantages of such a society, was grand in its comprehensiveness. By personal appeals, tireless correspondence and frequent public addresses he elicited the co-operation of every surgeon of present or prospective ability in the South; and throughout the period that he was most concerned in the up-building of this association, it had come to pass that he had in some way, either through kind and encouraging words or felicitous act, elicited the personal interest and individual aid of every member of our body. It must be remembered that, as secretary, Dr. Davis' ideas of expansion ran counter to many. His motives were often misunderstood and sometimes impugned. Upon occasions he has defeated the wishes of his best friends, when he believed they were opposed to the best interest of the association.

It must not be inferred that Dr. Davis gave himself up to this evangelistic work in society organizations and attendance. His character and reputation were attracting to him a large and laborious practice. He was recognized as a surgeon of clear conception, marked conservatism and unusual skill. His achievements in his special line of work were, indeed often brilliant. His contributions to medical literature were numerous; always readable and instructive. Especially interesting are his various articles upon intestinal surgery.

In this presence it is not necessary to recount the various contributions to science from Dr. Davis. I must remind you, however, that in 1892 he experimented upon 200 dogs for the purpose of determining the safest and most expeditious treatment of common duct obstruction. The principles established by his conclusions are: That sterile bile is inoffensive to the peritoneum; that transperitoneal gauze drainage of the common duct is a safe procedure; that after removal of calculi from the common duct, suture of the duct is unnecessary, and indeed, harmful. These observations of Dr. Davis have lessened the danger and simplified the technique of cholecystotomy. It was not until six years after his work that Quenu found that symptoms of biliary intoxication developed after cholecystotomy with suture of the duct wound and that these symptoms were relieved by cutting the sutures.

Davis' conclusions were based upon original and painstaking experimentation, while Quenu acted under the emergency of desperate conditions and trusted to luck for the consequences. It is gratifying to note that all surgeons in this country accord to Dr. Davis full credit for this distinct advance in this very difficult field of surgery. Our foreign confreres through their ignorance of our literature, have not made the acknowledgment due him. This signal observation

of Dr. Davis places his name along with Bobb, Simms, and Tate in the history of the surgery of gall stones, which in itself is sufficient to immortalize the man. Hepatic surgery was a favorite field of study and practice with our colleague, and his sudden taking off leaves incomplete his book upon this subject. Who can doubt that it would have been a prized contribution to our literature?

In all things Dr. Davis was a forceful man, but in nothing was this characteristic so strongly brought out as in our society debates. His advocacy of any cause was fearless. Quick to challenge all questionable statements, he would yield with sweetness and grace when in error. Intellectually combative and pugnacious, he spoke with candor and truth, and would tolerate nothing less in his adversary. His oratory was always serious and intense, at times eloquent, but not ornate. To him our society proceedings was too important a matter for frivolity, and, as secretary, he would insist upon expunging from the minutes all things irrelevant or improper. How frequently have we seen him rise and remind us that "we are making history, we are writing a book."

For fourteen years this man labored for a definite purpose; and it is gratifying to know that he lived to see the realization of his hopes. Beyond this, his labor was unrequited. Should we not as a body, give expression to our approval and appreciation of his efforts in some becoming way? Our colleague was a provident man; his family are not in need of financial aid, but let us extend to the bereaved widow what she will value more—assurance of our sympathy and abiding interest. To his brother, our colleague, we offer the hand of true friendship and encourage him to maintain the high name that they together have won. The little girls, Margaret and Elizabeth Davis, are wards of this association. Let us pledge ourselves as a body, to aid, shield and protect them through life.

As we recall the personality and the incidents in his career, we are almost persuaded that the life of Dr. Davis was set aside for a special work, and richly endowed with the attributes for its accomplishment. It is easy to point out here and there other southern surgeons possessing surpassing qualifications in limited lines of work; but view this life in its totality as it evolved from its crude state amid discouraging surroundings, shackled with poverty, without facilities save of his own making, unbaffled, he worked on and yet ere he had reached his 40th year, he was rich in professional honors and dear to the hearts of his people. Surely this is success. Parallels there may be, but I know none such—Elias Davis was the foremost surgeon of the South. He came upon the sphere of action

twenty years ago; as a master mason is chosen to square the corners and bridge the arches in our architectual piles, so he, the master workman in our profession, was appointed to construct the southern corner of the magnificent edifice of national medical science.

For him our profession knew no sectional limitations. From the half dozen members of the Alabama Surgical and Gynecological Association, there evolved the Southern Surgical and Gynecological Association, geographically limited for a time, by Mason and Dixon's line. Now, we are a national body, and to his wisdom, activity, tact and courage we owe our present renown.

Whether I speak to you as citizen or man of science, it matters not. We are gathered from all parts of the union with a common and single purpose—the advancement of science in the cause of humanity. No sectional lines divide us, no populistic theories infest us, no dreams of free coinage allure us, no problems of the race perplex us. Be you Puritan or Cavalier, New Yorker or Floridian, I say to you in the language of the great Lamar, "My countrymen, know one another and you will love one another." This was the spirit of Elias Davis. He loved the South and her people; he never wearied of singing the name and fame of her medical heroes. He was not content that the South should be known by a few illustrious names that towered like Alpine heights above all others. He strove to place southern surgery upon so high a plain that none could shadow. He played the same part, though upon a differently appointed stage, essayed by the immortal Grady; and I say to you, he would have been known to the world as a patriot had he not been known as something greater—a physician.

ALMOST A SPECIFIC FOR ASTHMA.

The following is almost a specific both in relief and as a final cure in asthma:

R Tincture of gelsemium.
Tincture of lobelin, of each, ℥j.
Potassium bromide, ℥ss.

M. Sig.: Dose, twenty drops in water every three hours.—Dr. J. A. Burnett, of Brawley, Ark., in the Medical Summary.

Selected Articles.

CLEAN OUT THE SEWERS.

By G. G. WILLIAMS, M. D.,

CHICAGO, ILL.

The practice of bleeding and purging so long resorted to by our forefathers in medicine, and the ancient custom of the laity in cleaning out the sewers of the system every spring of the year by means of calomel and squills or similar drugs, had a scientific basis for their well-known beneficial results, which is becoming better recognized by the modern physician every day. The increased facilities now offered us for studying the minute processes at work in disease, and of witnessing the manner in which nature's microscopical defenders repulse her foes, has not only widened our knowledge of the *modus operandi* of the drugs we employ, but enables us to better appreciate the practical value of the simple mode of treatment which was clung to with such faith by our predecessors. Our Revolutionary sires were in the habit of "cleaning their house" in the full sense of the term, believing that the rationale of such a proceeding received its justification in the feeling of well-being which invariably ensued.

We know today that our body is the laboratory in which various chemical actions and reactions are constantly going on between the cellular elements of the tissues and the nutritive elements in the blood introduced with our food. We know that there is a continual breaking down of used up tissue elements, and that as the resulting waste products can serve no further useful purpose, they are to be eliminated from the body via the sewers. We also know that only a part of the food introduced is utilized by the system, and that the remainder is simply to pass on and out as so much worthless material. We know that one form of this sewage finds outlet by way of the kidneys and the other by way of the bowels.

Were it not for the fact that much of the waste debris referred to is actually poisonous in character, its retention in the system would not be so deleterious, but, as it is, the toxic effects are no more than ought to be expected. Not only do the capillaries become choked from the presence of a foreign substance, interfering with the normal function of the parts supplied, but the irritant action of the

substance itself on the contiguous tissues results in direct chemical changes, giving rise to various symptoms of disease. It will be seen that the processes of elimination are of the greatest importance in insuring the proper working of the human organism; in short, that in order to enjoy good health and well being we must keep open the sewers and get rid of the sewage. It must be remembered, that, notwithstanding the vital importance of removing the sewage which collects in the bowels, it is of equal or even greater consequence that that which is thrown into the blood as a result of broken down tissue waste should be also removed by way of the urinary tract. It is essential, therefore, that our remedy should perform the double purpose of a laxative and cholagogue agent, as well as a solvent and eliminant of urea and the urates—the latter two end products being the most common form of waste tissue debris. Instead of bleeding and purging our patients in the violent manner of our forefathers, our object may be more easily and effectually achieved by prescribing some alkaline agent which serves to aid and stimulate the functions of kidneys and bowels in their essential physiological processes of elimination. As a practical illustration of the clinical value of this simple method of treatment in cases of choked up capillaries and retention of "sewage" in the system, we cite the following:

G. B., physician, aged 42, asserted that for ten years he had not felt mentally and physically as a man in ordinary good health ought to feel. He had no organic trouble, but was satisfied that something was wrong, although the only objective physical signs to be discovered were constipation and an occasional overacid urine, scant, highly colored, containing frequent "brick dust" deposits. His subjective symptoms were frequent headaches, "tired feeling," "fits of blues," muscular pains and aches, sleeplessness, poor appetite, mental and sexual torpor. Various tonic and anti-rheumatic drugs had been taken, but the only relief yet obtained was that which followed temporarily from the action of compound cathartic pills. He had, in truth, become almost entirely dependent upon the latter in order to secure satisfactory bowel movement twice a week.

Believing the doctor to be a sufferer from hepatic insufficiency and the concomitant retention of underoxidized waste of the uric acid type in the circulation, he was advised to try the efficacy of the solvent and eliminative mode of treatment with the new laxative lithia salt, thialion—an anti-uricacid and cholagogue agent, whose virtue in cleaning out this form of sewage from the system has become well established. At the end of two months he reported himself

satisfied that the solution of the problem in his case had been found. Though, during the first few days of the treatment the symptoms were somewhat aggravated, yet, as this had been looked for, he continued to follow directions conscientiously, and with the most gratifying results. His bowels were now moving fairly regularly, his headaches gradually disappeared, while mentally, physically and sexually he felt himself equal to any ordinary emergency.

The plan adopted in this case was to take on the first day a teaspoonful of the salt, dissolved in a glassful of hot water, the first thing upon getting out of bed in the morning, repeating the dose every two hours until the bowels moved freely. For the ensuing fortnight two daily doses were taken—morning and evening. During the next two weeks, only the early morning dose was taken. It was then gradually reduced until two doses were taken per week. Three four ounce bottles were taken in all, and the doctor has now become a firm convert to this simple plan of treatment. He believes, as does the writer, that much of the obscure invalidism so prevalent in modern times may be made to disappear by merely “cleaning out the sewers” of the system.

The writer has treated several chronic cases of so-called “malaria” and “neurasthenia” in this manner, which had previously baffled himself and others; and, though in every instance, the patients reported at first that the symptoms were aggravated, yet eventually they were relieved—sometimes within a month or two, sometimes longer. It is our personal opinion that the successful therapeutic results obtained are due entirely to the fact that the remedy employed aids the metabolic and eliminative organs, liver, kidneys and bowels, in excreting from the body the waste tissue debris which has served as foreign body to choke the capillaries, as well as a toxic irritant to nerve tissue, thus causing the many and varied symptoms which are troublesome to doctor and patient alike.

APPENDICITIS FROM THE STANDPOINT OF THE GYNECOLOGIST.

H. P. Newman (Jour. A. M. A., Vol. 41, No. 15) concludes:

H. P. Newman (Jour. A. M. A., vol. 41, no. 15) concludes:

1. That the abdomen should be examined in all important pelvic cases and vice versa.
2. Functional disturbance in the pelvis may produce disturbance in the neighboring abdominal viscera.

3. In opening the abdomen for pelvic disease the appendix should always be examined.

4. If catarrhal, adherent or containing concretions, it should be removed.

5. It is not sufficient to break up or separate adhesions of an attached appendix.

6. As the macroscopic examination of the appendix is not always conclusive, its removal or "prophylactic appendectomy," when the abdomen is already open, should be determined by the best judgment of the surgeon and the condition of the patient in each individual case.

7. Any appendiceal or localized peritonitis may be an active factor in the immediate or remote production of intestinal obstruction. Strangulated intra-abdominal hernia has occurred as a result forty years after the primary lesion, and with entire freedom from symptoms during the long interim.

8. In opening the abdomen for intestinal obstruction the appendix and pelvic viscera should be looked to for the cause of trouble.

9. In removal of the appendix the invaginating operation should be done, or such other painstaking work as all intra-peritoneal affections demand, to protect the wounded surfaces from subsequent adhesions.

10. The frequency of implication of the appendix by contact with diseased pelvic genital organs (Kelly cites twenty-seven adherent appendices in one hundred hysterо-salpingo-oophorectomies, and the figures of Peterson correspond) renders important not only the early removal of the pus tubes, infected cystic tumors and the like, but also after operations where the appendix remains, its careful protection from any possible denuded peritoneal surfaces or involved areas.

11. Barring the greater liability of infection from neighboring viscera and the somewhat greater difficulty of differential diagnosis in the female, we have more available means of exploration, a better prognosis and greater facilities for operative and non-operative relief.—*Memphis Medical Monthly*.

JUST LIKE DOCTORS.

Visitor (to widow). "I am so sorry to hear of the sudden death of your husband. Did they hold a post-mortem examination?"

"Yes, and like all those doctors, they did not hold it until he was dead, or they might have saved his life."



Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop

COLLABORATORS:

*T. W. Ayers, M. D., Hwang-hien, via Chefoo, China.
J. T. Searcy, M. D., Tuscaloosa.
L. C. Morris, M. D., Birmingham.
J. A. Goggans, M. D., Alexander City.
W. W. Harper, M. D., Selma.
Frank T. Smith, M.D., Chattanooga, Tenn.
E. D. Bondurant, M. D., Mobile.
B. L. Wyman, M. D., Birmingham.
Thomas D. Parke, M. D., Birmingham, Ala.
W. H. Wilder, M. D., Birmingham,
D. F. Talley, M. D., Birmingham.*

The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

We cannot promise to furnish back numbers

SUBSCRIPTION \$2.00 A YEAR, IN ADVANCE

The editor is not responsible for views expressed by contributors.

All communications should be addressed to
THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Medical Societies as Boards of Health in Alabama.

The wisdom and foresight of Dr. Jerome Cochran, the founder of Alabama's splendid State and County medical organizations and boards of health, cannot fail to forcibly impress any doctor or other public spirited citizen who will take the pains to look into our magnificently conceived and arranged public health system. In 1873 when our State Medical Association was organized and when our first health laws were passed, the Medical Association of Alabama was made the board of health of the State. It would at first glance ap-

pear that this board would be too large and unwieldy to do good work and, in order to overcome this objection a board of censors consisting of ten of the leading doctors in the State association and usually selected from different sections of the State act as an executive committee for the State Board of Health, and transact the business for said board. One of these censors, designated as the senior censor, is, ex-officio, the State health officer, and has general charge of all public health matters in the whole State.

Likewise, each county medical society is the board of health for its county; therefore every doctor who is a member of his county medical society is a member of the board of health of his county and State.

The affairs of the county boards of health are usually conducted by the board of censors of the county societies, who is really the executive committee of said board of health, and whose actions are not final until ratified by the county medical society.

The State board of health must report annually to the governor of the State, and the county boards to their respective probate judges. It is clearly evident, therefore, that every doctor who is a member of his county medical society (and every doctor should be) is a part of the official machinery of his State and county government.

The various county medical societies should then so conduct themselves as to make their work and influence valuable to the general public, and thereby demand recognition by officials in other departments of county government. Formerly it was optional with county boards of revenue or commissioners to pay health officers just whatever they pleased, and in many instances they paid them nothing; but fortunately, the last legislature so amended the public health laws as to compel each county to pay its health officer; and while the amount is not in keeping with the work that should be done, it is clearly a public recognition of the county health officer as a county official. As county boards of health, our county societies should realize the obligations resting upon them at all times, and especially during epidemics of contagious diseases, and to that end, should meet as regularly as do boards of county commissioners or revenue or other official boards. They should further demand that suitable quarters be provided, at the expense of the public, in which they may hold their meetings. Too frequently a few of the most enthusiastic members of county societies will meet in the office of some doctor or in the back end of some drug store, and call that a meeting of the county medical society or county board of health, and no one but those present will ever know a meeting has been held; such procedure is beneath our position as boards of health in Ala-

bama, and the sooner we educate the public to this fact the better it will be for them and the medical profession.

Dr. John H. Bledsoe.

The subject of this sketch was born at Lafayette, Ala., April 7th, 1874, and died in the home of his birth January 4th, 1904. He was



DR. JOHN H. BLEDSOE.

the only son of the Rev. Dr. W. C. Bledsoe, the able and widely known Baptist minister of Lafayette. He was educated at the Marion Military Institute and at Howard College, studied medicine for a

time in Mobile and graduated at the Memphis Medical College in the class of 1896. He began the practice of medicine at Oakbowery, Chambers County, Ala., afterwards locating at Marbury, Ala., where he remained for four years. In the spring of 1903 he removed to Lafayette, where he continued the practice of his profession until his death. He was secretary of the Chambers County Medical Society and a member of the State Medical Association of Alabama.

He married Miss Roberta Edwards of Macon, Ga., who with three little children survives him.

Few young men have started in life with brighter prospects than Dr. Bledsoe. He was well equipped for his work. By all who knew him he was looked upon as a young man of marked skill and ability in his chosen profession.

Life Insurance Companies.

At a recent meeting of the Jefferson County Medical Society, Dr. E. H. Sholl discussed the question of the relation of the doctors to life insurance companies. Dr. Sholl clearly demonstrated the great service which the doctor as medical examiner rendered to life insurance companies. He called attention also to the thousands of dollars saved to the company by having intelligent and honest examiners.

The burden of his argument was however upon the meager compensation which the medical profession receive for the service rendered. He insisted that no physician should make an examination for any company for less than a fee of \$5.00. He advocated very earnestly the fact that if the medical profession throughout the State would demand of the companies the \$5.00 fee that it would not be long until all reputable life insurance companies would be willing to pay that amount. He called attention to the plan adopted by many life insurance companies of asking him and others to recommend physicians for examiners in different parts of the State. He said that he considered that this was a very decided responsibility, and that the doctor who recommended a physician should be compensated by the company for doing so.

Attention was called to the fact that the companies hold out that it is a courtesy to the physician who asks to be recommended, and therefore he should not be compensated in the matter. It was argued that every physician was willing and ready at any time to extend a fraternal courtesy, but that this should not be considered as such and in the future he insisted that the doctors should demand of the companies a fee of \$5.00 for the recommendation of an examiner. There

was a difference of opinion expressed in the discussion, but the sentiment seemed to be that the essayist had struck upon a rather novel question, but that in his conclusions he was right.

Dr. M. B. Cameron.

At the annual banquet of the Jefferson County Medical Society at the Hotel Hillman, in December, 1903, the Society had as its honored guest, the President of the State Medical Association, Dr. M. B. Cameron, of Sumterville, Ala. The doctors of Jefferson County appreciated the opportunity of meeting in a social way this distinguished physician and citizen of Alabama, and were delighted to have him as their guest.

At the banquet the Doctor responded to the toast, The Alabama Medical Association, and he in his very lucid and convincing way eloquently laid before the large assembly the great work which the medical profession of the State of Alabama has accomplished, and also called attention to the work which had to be carried on in order to maintain and uphold the splendid system of medical law which we now have in the State. He was unreservedly of the opinion that to maintain our laws would require the co-operation and best efforts of the individual doctors throughout the State. That attacks had been made by designing persons which had been considered by many politicians in the State as worthy of consideration, and it remains for the regular medical profession to inform themselves as to the duty devolving upon every physician as an individual, and to use their influence wherever and whenever necessary in order to convince the law makers of the State of the merits and necessity of our medical laws.

Communications.

Alabama-Bryce Insane Hospital.

To the Editor of the Alabama Medical Journal:

Will you allow me space in your journal to record some impressions received upon the occasion of a recent visit to Alabama's Hospital for the Insane, at Tuscaloosa. On January the 9th, the senior class of the Birmingham Medical College, together with a number of third course students accepted a very kind invitation by Dr. J. T. Searcy the Superintendent, to visit this model institution, and spend a day in the practical study of the care and treatment of the in-

sane. We left Birmingham on the early morning train, and reached the hospital about nine o'clock, just in time for the regular morning inspection. The class was divided into two sections, one being accompanied by Dr. Searcy, and the other by the writer and the very capable assistant physicians. In this way we made the rounds of all of the wards of the hospital, and had the rare opportunity of seeing the methods adopted in the treatment of the insane at this institution which has been for many years the pride of the State. Space will not permit a detailed description of all the excellent appointments of the hospital. It is a world in itself, and is provided with every modern convenience for the comfort and humane care of this dependent class. The hospital is surrounded by beautiful lawns, well shaded, large airing courts which furnish abundant room for open air exercise for the patients. The principal building is a large three-story structure composed of a main building with large projecting wings, one side being devoted to the care of the females and the other to the male patients. On account of the increase in the number of patients a number of annexes have been built in recent years. These are solid substantial brick buildings provided with every modern convenience. The hospital accommodates in all about fifteen hundred patients. The center building is the administrative building. Here are located the general offices, reception rooms, the drug room, store rooms, library, and a large amusement hall, and on the ground floor the kitchen with bakery attached. The most thorough system prevails in every department. The patients are classified according to their physical and mental condition. In the sick ward special provision is made for those whose physical condition demand careful nursing and special diet. In the receiving ward a thorough and systematic examination of each case is made on admission, and after it is concluded the patient is sent to the ward best suited for his or her mental state. All patients suffering with tuberculosis are isolated in separate wards in one of the annexes. The buildings are heated throughout by steam, and lighted by gas which is made at the hospital. The general appearance of the whole institution was one of scrupulous cleanliness and neatness. The patients were all neatly dressed and well behaved showing the advantages of the regular and systematic life which they lead. The general dining room was a marvel to those who had never seen the insane at the meal hour. We walked into the dining room for the females where over four hundred patients were at dinner. They were all quiet and orderly, showing the thorough discipline which

prevails in the well regulated institution. The scene was one never to be forgotten. It was observed during the inspection of the wards that there were only three patients confined to their rooms, not including those who were confined to their beds by illness. Out of a total population of over fourteen hundred patients this is a most remarkable showing. All forms of mechanical restraint have long since been abolished at this hospital, and the patients are treated with the utmost kindness, and given as much liberty as their mental condition will allow. This hospital was among the first institutions in this country to adopt the non-restraint system and the plan has worked most admirably. In only a few instances where patients are very maniacal it has been found best to isolate them by confinement to bed or room for a short time. Another feature in the treatment of the acute cases which deserves mention is the avoidance so far as possible of sedative and narcotic drugs. Chloral, hyoscin and similar drugs are rarely given except an occasional dose to tide the patient over a restless night. Dr. Searcy lays great stress on the value of occupation in the treatment of the insane, and in this hospital patients are encouraged when able to engage in some kind of work. We observed them at work in all departments of the hospital. Many of the men work on the farm and garden and other departments on the outside of the hospital, while the women are occupied in sewing, fancy work, in the laundry, dairy, and other departments. To form some idea of the size of the hospital it may be stated that two hours and a half were consumed in simply walking over the various wards. There was so much of interest to be seen that the class felt repaid for the long walk, and when inspection was over the noon hour had arrived. Dr. Searcy had very generously prepared a delicious lunch which was very heartily enjoyed by the class. The clinic followed immediately after the lunch. The clinic was one of the most interesting and instructive features of this very enjoyable visit. The class was invited into the lecture room where the lectures are given to the training school for nurses. This is a department of the hospital which should be highly commended. The nurses receive a thorough and systematic course in nursing, instructions being given not only with reference to the care of the insane, but also the general management of patients suffering with acute and chronic diseases. Each year a number of nurses complete the course, and receive diplomas. The success of the training school has been very gratifying to the superintendent who gives it his encouragement and support. The clinic was altogether one of the most instructive which

the writer has ever attended, and I wish that space permitted a description of it in detail. Before giving a clinical exhibit of the different phases of insanity Dr. Searcy gave a lecture embodying a general resume of the whole subject of psychiatry including an original classification of all the psychoses. He first explained how patients were admitted to the hospital, and what legal steps were necessary to be taken before the patient could be received. His remarks upon the phenomena of mind and the departures from conditions of healthy mentality were very clear, and showed a thorough knowledge of the whole subject. He classified all the psychoses into two general divisions. First. Those with deficient mentality, and those accompanied with defective mentality. Under the first division he placed the amentias including idiocy, imbecility, and feeble mindedness, and the dementias including primary, senile, organic, parietic, and terminal. The first division constitute a large part of the chronic incurable insane. Under the second general division those with defective mentality he included all of the acute psychoses; different types of mania, melancholia, periodic and alternating insanity, the monomanias including paranoia, and a large class in which the defective mentality is the result of special causes, as epileptic, alcoholic, hysterical, and neurasthenic insanity. The learned doctor discussed exhaustively the characteristic symptoms in each type. After the conclusion of the lecture which was a fine exposition of the whole subject, Dr. Searcy, assisted by his very capable assistant physicians, exhibited a large number of patients illustrating all of the psychoses, and pointing out the characteristic symptoms in each case. Several hours were most profitably spent at the clinic. The class was highly entertained, and were loth to say good bye to the genial and distinguished superintendent, and his able assistants who had exerted themselves to make the visit a pleasant one.

The students shall always feel very grateful to Dr. Searcy for the very courteous attention, and for the valuable instruction received from him. The Alabama Bryce Insane Hospital is an institution in which all Alabama feels a deep interest, and a well merited pride. It has always been free from politics, and has been conducted strictly upon scientific and practical lines. There is no better hospital in the whole country, and it gives the writer pleasure to bear testimony to the able and wise management of its present superintendent, who is certainly the right man in the right place. May he live to minister to "minds diseased," that class of defectives who are truly the wards of the State.

B. L. Wyman, M. D.

Society Reports.

CLINICAL SOCIETY OF THE NEW YORK MEDICAL COLLEGE AND HOSPITAL.

Stated Meeting, held January 4, 1904. The Vice-President, Dr. D. S. Dougherty, in the Chair.

PRIMARY ENDOTHELIOMA OF THE LUNG AND PLEURA.

Dr. Maurice Packard presented this patient, of whom he gave the following history: Male, aged 24 years; cigarmaker by trade. Father died of endocarditis, sister of apoplexy, brother of diabetes. No history of tuberculosis in the family. The patient gave no history of syphilis or of alcoholism, and claims he was never ill until the present time. About five years ago he began to cough, with very little expectoration, but was otherwise perfectly healthy until fifteen months ago, when the cough became more distressing and was accompanied by profuse expectoration. He became very short of breath, especially on exertion, and suffered from pains localized anteriorly on the right side. These pains were increased on deep inspiration. There were no night sweats, nor, at that time, any hemoptysis nor loss of weight. Although the examination of the sputum was negative, he was sent South with a diagnosis of tuberculosis. As there appeared to be no improvement, he remained but a short time. The symptoms continued about the same, but he noticed that the veins of his chest and abdomen were growing larger, and that when he coughed he brought up considerable blood, sometimes as much as a cupful. His sputum examination was still negative.

Dr. Packard saw him for the first time about two months ago, and his examination developed the following: The man was fairly well nourished, but had peculiar varicosities on the chest and abdomen. His right lung did not expand as well as the left, and there seemed to be a change in the dimension of the thoracic arch. Pectoral fremitus was diminished on the right side, from the second to the fifth intercostal space, and from the sternum to the axillary line. Over this area the percussion note was flat, but over the other portions of the same lung and over the left lung it was almost normal. Vocal fremitus was diminished, and distant bronchial almost tubular breathing could be heard over this affected region. Over the other portions of the lung the sounds were normal. The heart, spleen, liver and abdominal organs were normal. Sputum examination and thoracentesis were negative; the urine was normal. One month ago signs similar to the above were found posteriorly in the lower lobe of the right lung.

ERYTHROMELALGIA.

Dr. J. C. Lynch presented this case of Wier Mitchell's disease or erythromelalgia, occurring in a man 51 years of age, who was also the victim of tabes. The patient was single, and an officer in the navy. He had had the ordinary diseases of childhood. During adolescence he had pneumonia twice and typhoid fever. While on a cruise to the far East he had Chinese malaria (?) (From his description one would be warranted in presuming that it was lues.) Since he was twenty years old and up to the present time he had been free from sickness, except for three attacks of tripper. After the Spanish-American war he noticed that he had difficulty in holding his water (hurried sphincteric action), which was shortly followed by difficulty in walking (ataxic gait) accompanied by sharp, shooting, stabbing pains in the feet and legs (lightning pains). On consulting the ship's surgeon about his difficulty in walking he was told he was suffering from beginning gangrene of the left foot. He was put to bed and his condition improved. Six months later the other foot became involved. The first two toes were then amputated. After recovery from this operation he retired from the service.

ACUTE THYROIDISM FOLLOWING CURETTAGE.

This case was reported by Dr. Brooks H. Wells. He said that since the time when the Roman matron measured with silken ribbon the throat of the bride before and the day after marriage, to determine by its rounded increase that she had been a pure virgin, the sympathetic relation of the thyroid gland to the pelvic organs has been vaguely known; but hardly more than a decade has passed since we began to appreciate the various facts that will in time lead to an accurate knowledge of the functions and physiology of this and the other ductless glands.

Under certain conditions there occurs in those individuals who have been the subjects of a thyroid tachycardia a virulent acute toxemia characterized by a well-marked group of symptoms. This toxemia may follow operations upon the thyroid itself, operations upon the pelvic organs, or, more rarely, operations upon the breast or other parts of the body, or any marked nervous strain.

The exact mechanism by which the function of the gland is disturbed or excited is not definitely known. The disturbances after operations on the thyroid itself have been attributed to an outpouring of toxic material into the blood, either as the result of the manipulation to which the gland is subjected or from a leakage and absorption from its cut surfaces. These causative factors can be

ruled out when the thyroidism follows operations on other parts of the body. In cases similar to the one recorded below it seems certain that the condition is the result of a reflex disturbance of the central nervous centres and the sympathetic centres that control the activity of the thyroid gland, or as has recently been suggested, of the parathyroids.

The condition is often rapidly fatal, death occurring within the first three or four days from cardiac exhaustion. When recovery ensues the symptoms rapidly or gradually disappear until the individual reaches the status present before the attack.

The following case of acute thyroid poisoning following curettage seemed to possess features of interest which made it worthy of record.

Mrs. X., aged 53 years, had passed the menopause at the usual time, but during the last six months had had repeated small bleeding from the uterus, which was not enlarged, and was freely moveable. She was nervous, thin and poorly nourished. For many years she had had a slight enlargement of the right lobe of the thyroid, an excitable, rapid pulse and slight tremor, but no protrusion of the eyeballs. Auscultation of the chest revealed a few bronchial rales. No other pathological condition was discovered. To exclude the possibility of beginning cancer of the fundus uteri as a cause for the post-climacteric bleeding a curettage of the uterus was performed under strict asepsis on November 5th, at 10 a. m. The scrapings from the endometrium were examined by Dr. Jeffries, Pathologist at the Polyclinic, who reported that they showed only a moderate grade of endometritis. There were no further symptoms, local or general, that could be referred directly to the curettage.

The anesthetic was given by Dr. Bennett and was gas followed by ether. After a few breaths of ether her heart became so rapid that Dr. Bennett considered it wise to change to chloroform, under which the heart beats became slower. From the beginning of the anesthesia to the return to consciousness a little less than half an hour elapsed.

Six hours later the patient was flushed, tremulous, nervous, voluble, but not worried and with mind clear. Her pulse had risen to 130 and became more rapid on any little excitement. Temperature 100.5 degrees, F. Twenty-four hours after the operation the flush, tremor, nervousness and volubility were increased; the pulse had risen to 178 and at times was uncountable; her temperature was 99.5 degrees F., there was profuse sweating, a watery diarrhoea, marked irritability of the bladder with polyuria, many soft rales all over the chest, and vomiting. The thyroid was perceptibly enlarged,

especially on the right side, and presented a quite apparent thrill. There was marked throbbing of the heart and large arteries. Examination of the urine showed a sour odor, reaction neutral, sp.gr. 1012, no albumin, no casts, innumerable colon bacilli, and a few pus cells. These symptoms of an extreme toxemia continued to the end of the first week, then her temperature reached 101.6 degrees F., and the auscultatory symptoms of bronchitis became more marked, though there was little cough and little expectoration. Blood examination at this time showed no leucocytosis and no typhoid reaction.

From the fifteenth to the twenty-fourth day the patient's condition was such that death was expected to occur at any time. The toxic symptoms continued, the tongue became dry and brown, there was extreme weakness and the usual relation between temperature and pulse was reversed so that the most rapid and weak heart action was when the temperature was lowest. The diarrhoea ceased to be troublesome on the twenty-first day and on the twenty-fourth the patient was able to take small amounts of solid food by mouth. From this time on improvement was steady, but slow, until she reached a condition approximating that before the operation.

Treatment. At the beginning it was thought that some of the symptoms might be dependent upon an intestinal toxemia, and the patient was given calomel followed by a saline and repeated high colonic flushings. The bladder for several days was washed out with a boric acid solution at eight-hour intervals, the washing being followed by the injection and retention of two ounces of a 10 per cent. argyrol solution. The diarrhoea was finally controlled by tannigen by mouth, ten grains every three to six hours as needed, and starch and deodorized tincture of opium, ten minims, by rectum, every six to eight hours. The insomnia was relieved by the opium and by trional at night, in doses of from twenty grains at first to five grains at a later period. As it became impossible to make the patient retain food given by mouth, rectal alimentation was employed more or less from the eleventh to the twenty-second day. Solid food in small amounts was given on the twenty-fourth day. The heart action and general condition were not benefited by any drug; colonic flushing strychnin, digitalis, belladonna, suprarenalin, alcohol, all seemed to do more harm than good.

Dr. Robert C. Myles opened the discussion of this case. He said that one of the peculiar characteristics of exophthalmic goitre is the diminished electrical resistance. If some one would experiment with these cases in order to find out, if possible, what alkaloid is discharged into the system, and its exact relation to the thyroid, the speaker thought these cases could be treated more successfully.

LEPROSY.

Dr. F. Dillingham presented a patient, male, age 58 years, he was born in America, and has lived here with the exception of one year spent in Mexico during his entire life time. Eight or nine years ago a corn appeared on his right foot. It began to burn and in a short time a perforated ulcer developed. He had the joint excised, and two years afterwards the second joint was also treated in this manner. Two years later a second ulcer appeared on the other side of the same toe. There are now two perforating ulcers present. This was about all the history the patient could give.

The speaker said that the diagnosis can easily be made from the typical picture presented and by exclusion of any condition because of the lack of essential conditions. The brownish patches here and there and the peculiar brownish color and scaling appearance of the limb were characteristic of leprosy. There was more or less atrophy of the foot and also of the hand, but very little loss of sensation. He said there was three types of leprosy, and gave the differential symptoms minutely. The question of contagion was interesting in these cases. In some countries leprosy undoubtedly is contagious, but, in his opinion, this is not true in our climate. There are several cases in this city all the time, and no case has been reported that has developed as the result of contact with another patient suffering from the same condition. He once saw a patient in whose case he made a diagnosis of leprosy, and she informed him that her husband had suffered from the same condition before it developed in her. In countries where leprosy is prevalent, people who have proper food and proper hygienic surroundings very rarely contract the disease. Some authorities claim that it is infectious, some that it can be conveyed only by direct contact, and some that it is a concomitant of yellow fever and malaria. Experiments have been made by having lepers breathe into a certain receptacle, and colonies of bacteria have been grown from the atmosphere into which they breathed, showing that the mucous membrane of the mouth may be the source of infection. Inoculation, as a rule, has been negative. The speaker succeeded, some years ago, in inoculating some persons with leprosy, but there was some doubt about it being a leprous family, so that experiment proved nothing. Some guinea-pigs were inoculated with tuberculous nodules, and eight months later bacilli were found in the kidneys, spleen and liver.

The duration of the disease varies, according to the form. Some patients live twenty years after the symptoms appear. The patient before the Society had suffered from this condition for about nine

years, and, except that it was rather inconvenient for him to get about, he was not incapacitated for work.

CAST OF A BRONCHIAL TREE.

Dr. F. M. Jefferies presented a cast of a bronchial tree. He said that the cast was from a patient suffering from fibrous or plastic bronchitis. It showed the ramifications of the smaller bronchial tubes. The speaker said that it was the first specimen of the kind he had seen in a laboratory experience of twelve years, and for this reason he thought it worthy of note.

A NEW METHOD OF TREATMENT FOR FRACTURE OF THE NECK OF THE FEMUR.

The paper of the evening was read by Dr. Royal Whitman. He called attention to the fact that it was generally admitted that the results of treatment of fracture of the neck of the femur are very unsatisfactory. These results are to be ascribed, not so much to the age of the patient or to the severity of the injury, as to the fault conception of treatment and its perfunctory application. At present it is taught that no attempt should be made to correct the deformity of an impacted fracture, a deformity which is essentially a traumatic coxa vara; while the means employed to appose the fragments and to hold them in position, if the fracture is complete, are quite ineffectual, as demonstrated by the fact that shortening is almost always present when the treatment is concluded. He said that fracture of the neck of the femur is not uncommon in childhood and in vigorous adult life, but as it is often incomplete, it is usually classed as contusion. These cases are unrepresented in hospital statistics.

The treatment which he had already described as applicable in childhood (*Annals of Surgery*, November, 1902), he would, on further experience, now urge as one of routine in all favorable cases. In principle, it is a method of replacing the depressed neck, if the fracture is incomplete or impacted, and of apposing and retaining the fragments in approximate apposition if it is complete. If the fracture is impacted, the patient having been anesthetized, the extended limb should, under traction, be slowly abducted. As in every instant in which depression of the neck is present, abduction would be checked when the neck comes into contact with the upper border of the acetabulum, further forcible deduction by means of the leverage of the extended limb on the fulcrum of the acetabulum would disengage the impaction and elevate the neck. At the limit of normal abduction a long plaster spica bandage should be applied. If the fracture is complete the shortening should be reduced by traction and counter traction. The limb should then be abducted, and by downward pressure on the trochanter the outer fragment may, if of

sufficient length, be pushed beneath the rim of the acetabulum. Abduction should then be increased until the trochanter is brought into contact with the side of the pelvis, so that upward displacement is impossible. In this attitude it is evident that muscular contraction becomes powerless induce deformity, while the firm support of the plaster bandage permits necessary movements without danger of displacement. The details of the treatment and the after-treatment were described and the identifications that might be necessary to meet varying indications. In closing, the reader again called attention to the large number of patients, still youthful or in vigorous old age who, because of failure of diagnosis and inefficient treatment, were in great degree disabled by this injury. He said that the limitations of weakness and of age so often urged as an excuse for the present ineffective and perfunctory treatment should not be extended to this class, but that one should attempt to apply here the principles that are admitted as being essential to the successful treatment of fracture in other situations.

Dr. J. A. Bodine opened the discussion of this paper. He said that it was particularly interesting to him because he had controled practically the largest fracture service in the country at St. John Hospital, Long Island City. Some years ago he called to see a patient who, as far as he could make out, had sustained an injury to the patella ligament, and there was relaxation between the patella and its insertion. He had never been told that fracture of the neck of the femur was a condition of young life, and sent the patient to Dr. Whitman, who made the diagnosis. Most of the patient's were forty, fifty and even sixty years of age, who were included in the speaker's service, and were then thin and emaciated for the most part, and an anatomical cure was more than could be hoped for. If the patients could get about with the limb supported by a high shoe, the surgeon had to be content, but in the future, the speaker would be glad to try Dr. Whitman's method. About two years ago Dr. Maxwell reported several cases in which he put on twenty to thirty pounds of pressure to reduce the shortening, and in addition lateral extension of some ten pounds, as he claimed that in case the neck of the bone was pulled down, a better position resulted. He showed four post-mortem specimens secured from patients who died some years after this method was applied, which showed almost perfect union. Dr. Whitman claimed these ends could be brought into apposition. His method possessed a great advantage over others. But in young people why not use direct operative interference? The surgeon can cut down, certainly, on the great trochanter.

Dr. Alexander Lyle said that he was surprised that the writer of the paper advocated the breaking up of an impacted fracture. He thought that the age and general physical condition of the patient should be taken into consideration before adopting it. He was sure that if the general condition were unfavorable, it would not be justifiable to release the impaction. He had noticed that fractures of the neck, near the trochanter, are almost invariably impacted, and those near the head of the femur are not impacted, which might be an important point in diagnosis.

In reply to Dr. Bodine, Dr. Whitman said that twenty-six cases of fracture of the neck of the femur in childhood had come under his observation, and that in a single year he had seen five cases in young adults in not one of which had the diagnosis been made. He was not ready to admit that because a person was sixty years of age, treatment was useless. Direct operative intervention is, of course, a treatment of last resort, that may be applied only under favorable conditions. It, however, might be the treatment of selection for partial epiphyseal separation in young subjects.

BIBB MEDICAL SOCIETY.

The Bibb County Medical Society met in call meeting, Feb. 11, 1904, in Centerville at Dr. Moore's office at 11 a. m. The purpose of the meeting was stated to be: to meet with the County Commissioners to explain to them the exacting duties of the County Health Officer, to ask for an increase in his salary commensurate with the duties and responsibilities, and to further ask the ready financial and moral aid of the Commissioners in the suppression of epidemics of infectious diseases.

In pursuance of this purpose the Society adjourned to meet with the Commissioners of the County at the court house. Our purpose was stated to the Commissioners by Drs. Moore, Prince, Bell, and Martin. The court appeared to be interested in what these doctors had to say, and we hope their labors will not be in vain. By agreement the Society reassembled at Dr. Moore's office at 3 p. m., when a resolution was introduced that we as a Society endorse the Hon. J. F. Thompson for district solicitor; that we do this in appreciation for the gallant fight this gentleman made against the Osteopathic Bill in the last legislature.

The meeting then adjourned to meet in regular session at Bell Ellen in April.

A Member.

Miscellaneous Notes.

PRETTY CHRISTMAS PARTY TO EMPLOYEES.

One of the pleasantest events of the holiday season in the drug circles was a buffet luncheon given on last Thursday by Fairchild Bros. and Foster to their employees. It was a complete surprise to the guests, who numbered about 140. A big table in the work room on the fourth floor at 74 Laight street fairly groaned with all the good things prepared by Maresi's chefs, and was decorated with potted plants presented to members of the firm by the members of the office staff.

B. T. Fairchild welcomed the guests to the "Christmas party," as it was called, and E. W. Dusenberry responded, after which Messrs. S. W. Fairchild and M. G. Foster also spoke. There was music during and after the luncheon, which began at 12:30, and at three o'clock the annual presents in gold were distributed among the employees, and the rest of the day was declared a holiday.

DRS. HEFLIN & HEFLIN.

On the evening of February 8th, 1904, Drs. Heflin & Heflin tendered the members of the Jefferson County Medical Society a reception at their Sanitarium, No. 2220-2222 First Avenue. A large number of the physicians of the city and county attended and enjoyed the hospitality of these very generous doctors. Not only was it a pleasure to inspect the building and the modern equipments all up-to-date as required by the best institutions of the day, but the social feature added much to the pleasure of the occasion, with abundance of "refreshing" refreshments the evening was made an unusually delightful one to all the doctors who were so fortunate as to be present.

MARRIED.

Dr. Geo. H. Hogan, of Bessemer, and Miss Myra Gains, of Northport, were married on the evening of the 27th. We congratulate our friend, Dr. Hogan, and wish for him and his good wife all of the real happiness of this life.

An elegant lithograph in eleven colors of a Medicine Man of the Sioux Indians has been sent to every physician in the United States by the proprietors of the Tongaline Preparations and Ponca Compound. Any physician who has not received this handsome and artistic reproduction of a famous Indian chief can easily obtain such by writing for it to the Mellier Drug Company, St. Louis, Mo.

RHEUMATIC PAIN AND FEVER.

In The Medical and Surgical Bulletin we find the following under the caption of "Acute Articular Rheumatism" by Dr. E. G. Evans: "Salol is the best intestinal antiseptic we have and Antikamnia as a pain reliever is, without doubt, unsurpassed, therefore, the combination of these two remedies in the form of the well known 'Antikamnia and Salol Tablets' affords us the ideal medicament for pain and fever in rheumatic conditions. Patients appreciate the fact that when administering Antikamnia, you relieve the pain without giving them morphia, while the salol acts as a germicide and antiseptic, tending to ameliorate generally, the symptoms of the disease. Antikamnia and Salol Tablets (each tablet contains 2 1-2 grs. Antikamnia and 2 1-2 grains Salol) are best given in doses of two tablets every three hours until ten or twelve tablets are taken during twenty-four hours. The patient's bowels must be kept open and the diet should be light. Alcohol is contra-indicated and water should be freely and frequently given. The bed covering should not be too heavy, but warm. Cold water packs, as well as hot fomentations are very beneficial."

SANMETTO INCOMPARABLE IN INFLAMMATORY CONDITIONS OF THE URINARY TRACT.

I have used Sanmetto in the various inflammatory conditions of the urinary tract—especially in acute cystitis and prostatitis—with good results. Other preparations on the market that are said to be the same thing are not to be compared with Sanmetto.

Shelbyville, Ind.

H. E. Phares. M.D.



Women suffering from an Aching Back, Bearing Down Abdominal Pains, or any abnormal condition of the Uterine system, should be given ALETRIS CORDIAL RIO in teaspoonful doses four times a day.

Rio Chemical Co., New York.

THE CONFLICTING CLAIMS OF GENERAL EDUCATION AND PROFESSIONAL EDUCATION.*

By Arthur Twining Hadley, President of Yale University,
New Haven, Conn.

For the last fifty years there has been a tendency to increase the length of time devoted to professional training. This tendency has not been confined to medicine or law, or to the so-called learned professions as a group. It is equally conspicuous in the various lines of engineering and technology. It is manifest in those departments of school work which fit the boy for trade or for commerce. In every sphere of human activity modern scientific studies have made their influence felt. In every sphere, therefore, the practitioner who is familiar with the methods and processes of his science—be it physiology or mathematics, physics or economics—has an advantage over his competitor who knows only those rules of practice which can be picked up in the office or the shop.

But there are some respects in which this tendency has been more strongly felt in medicine than in any other calling, for a physician needs to be trained in more kinds of scientific study than almost any other man in the world. He must know something of physics and much of chemistry; he must know something of morphology and much of physiology. Each advance in any of these sciences increases the importance of the preliminary training which is essential to the successful practice of the arts of medicine and of surgery and the length of time which must be devoted thereto. If we add to the time thus consumed in the study of science the time which is involved in learning the practice of those arts—whether in the higher classes of the medical school or in the hospital experience which should follow—the period of technical training becomes so long that it is a burden to all men, and an almost insupportable burden to those who are poor. And if, in addition to this, we urge that the student of medicine should previously have completed a college course of the old type, we seem to postpone indefinitely his chance to become an independent practitioner and to have the comforts of a home and a family of his own.

Under such circumstances there arises an almost inevitable conflict between the claims of general education, as represented by the college, and the claims of technical education, as represented by the medical school, and in less degree also by schools of law, or theology or engineering. This conflict involves so many different issues and deals with matters of so much perplexity that I have felt some hesi-

*Address before the Medical Society of the State of New York, at Albany, Jan. 26, 1904.

tation in offering an address on this subject which shall set forth the claims of the college. But from all that I have heard of this body, I believe that the very difficulties of the case will cause its members to welcome a presentation of a side of the argument different from that which is perhaps more habitually brought before their consideration.

As a first step in our analysis of the problem, let us try to get clearly before our minds exactly what we are talking about. What is the difference between general education and technical education? What is the distinction between the college and the professional school? Most people would say that it was a difference in the nature of the studies pursued. Fifty years ago that would have been largely true. To-day it is not true. Fifty years ago the college taught a curriculum of classics and mathematics, with some metaphysics and a little very elementary science and history, which was supposed to give a foundation of general knowledge for all men; while the professional schools, whether of law or medicine or theology, were occupied with teaching the details of practice—to expound a text, to collect a note, or to write a prescription more or less suited to the occasion in hand. To-day things have changed at both ends. The professional schools no longer occupy themselves solely or chiefly with teaching the practice of their several arts, but lay at least equal stress on the training in the sciences which are at the foundation of those arts. The colleges no longer compel their men to go through a certain curriculum; but they offer a choice of courses suitable to the tastes and abilities of different individuals, from which each can choose that which best meets his wants. Within the limits of a college course the man who would be an engineer can gain an excellent knowledge of mechanics; he who would become a lawyer can learn the fundamental elements of legal theory; while he whose tastes lead him to the study of medicine can master not only the principles but the practice of chemistry, and can familiarize himself with anatomy and physiology and physics, and all those various sciences which form the foundation of successful medical study.

What, then, is the difference between a college and a group of professional schools? What, then, determines whether we should advise the student to obtain these acquirements in the one institution or in the other?

The difference, I take it, is not in the studies themselves, but in the surroundings under which they are pursued. The distinction is not in the things taught, but in the ethical atmosphere in which they are learned. The college student pursues his investigations amid a

set of associations which bring him into contact with non-professional life on as many sides as possible. The student in the professional school, on the other hand, is in an atmosphere which reduces these outside influences to a minimum and encourages him to narrow his efforts on the work immediately in hand. The college course gives a man breadth of sympathy; but with all except the best men, this breadth is accompanied by a sacrifice of intensity of application. The professional course secures the intensity, but with a corresponding danger of sacrifice of breadth. Which of these alternatives shall we choose? Which of these ends shall we pursue to the comparative disregard of the other?

The tendency of late years has been to choose the second alternative—to regard intensity of application as the vitally important thing to be secured, and to look with distrust, if not with absolute dislike, on scientific requirements which have been obtained in the broader but less exacting atmosphere of collegiate study. Indeed, this attitude has in some instances gone beyond mere distrust or dislike. A man who has acquired his chemistry or his anatomy outside of the medical school is liable to a summary rejection of his claim that this knowledge has in any wise advanced him toward the practice of his profession. Speaking broadly, a student's class rating in our medical schools depends not on his amount of knowledge, but on the time that he has spent in some medical school in acquiring that knowledge—the duration of the period during which he has breathed the professional atmosphere. We do not go so far as the legal profession does in England, where admission to the bar is based on the number of dinners that a man has eaten at a certain place; but the difference is one of degree rather than of kind.

Now it is easy to see the reasons which have led to the adoption of this general policy. We want to have our professional men trained in habits of intense application. This will save their time, will make

CHEMICAL

NEURILLA

**SOOTHES AND REJUVENATES
THE NERVES.**

**INDICATED IN ALL FORMS OF NERVOUSNESS.
NO BAD EFFECTS.**

NEWYORK — PARIS

DAD **CO**

their work more efficient, and will fit them for the practice of their profession more speedily than would be possible in any other way. What I wish to point out is that this gain is attended with certain serious dangers of loss to the student himself, to the cause of scientific progress, and to the influence of the medical profession as a whole; and that any consideration of the subject which looks only at the gain and fails to notice the loss is an imperfect and somewhat dangerous one.

The first of these dangers is that of commercialism. To this danger the student who does all his scientific study in an exclusively professional atmosphere is often very seriously exposed. A professional school is filled with men who are anxious to make a living, and who look on their scientific study as a means of enabling them to make a living better than they could without it. In fact, the special intensity of their effort in the early years of professional study is largely due to this commercial motive. There are some men to whom this will do no particular harm. There are others to whom it does very great harm indeed. With such men science, instead of being regarded in her proper light, as an agent of service to society, becomes a mere handmaiden of business. A man who looks at medicine in this way will probably make more money than if he looked at it in any other way; but I am sure that the members of this audience would regard this monetary standard as a very ignoble measure of the aims of the medical profession, and would deprecate any change in the system of education which would give increased prominence to this element of success in the mind of the young man of twenty who is beginning his scientific studies and forming his scientific ideals.

The evil effect of such a perversion of standard does not stop short with the individual student. It is bound to show itself in the methods of the profession as a whole. It will result in an undue exaltation of those elements of study and practice which form the basis for triumphs of technical skill. It is, perhaps, presumptuous for a layman to form a judgment on matters like this; and yet I can not forbear saying that the temper of many of the students and of some of the instructors in our medical schools is to-day rather unfavorable to the study of physiology. Anatomy, which is in many ways an exact science already highly developed, they pursue to the utmost, and make it a basis of successful surgery. Certain parts of pathology, in like manner, are made a basis of successful medical practice; but general physiology, by comparison, at least, is neglected. In such schools—and there are many of them—the students are led to use

the results of the past to cure the individuals who are afflicted with certain definite diseases; but they are not in corresponding degree led to make scientific progress in those fields which to-day are difficult and doubtful, and give no assurance of commercial return to the investigator, but whose very doubt and difficulty make investigation more necessary and give greatest possibility of service to future generations.

And, apart from its direct effect on the physician himself, this separation of the scientific studies of the medical profession from those of other men has, I think, an indirect effect adverse to the political and moral influence of that profession in the community as a whole. It tends in some degree to make the physicians a guild or trades union, apart from the rest of society. The old-fashioned country practitioner, who had learned nearly all his medicine from contact with his fellow-men, was extremely defective in his scientific training; but he was a power in the community, and knew how to influence the conduct and life of that community. His successor to-day knows more of science, but he does not always know as well how to make that scientific knowledge a stimulus to those about him.

We can, perhaps, understand the real nature of the change better if we look outside of the medical profession and see how a similar change has taken place in the aims of the lawyer in the progress of the law and in the influence of the legal profession in the community. The lawyers of to-day are far better trained in the theory of their profession than was the case a century or a half century ago. They make fewer mistakes. They know more accurately how to adapt means to ends. But there has been an increased narrowing of the standard of success, which gives us more men with large incomes, but fewer Lincolns and Websters and Calhouns. There is an increased ability to take advantage of technical details in advising a client to avoid a law-suit, but a diminished readiness to adapt the law to new conditions, commercial and social, in the way that the English judges of 1700 or the American judges of 1800 were ready to adapt it. There is, in short, a separation of interests between the legal profession and the community in which the lawyer lives, which stands in the way of the rendering of that public service which the profession should be competent to perform.

Is there any remedy for all this? I believe that there is, and that it lies in the direction of encouraging men to do the preliminary work of preparation for their several callings while they are yet in the broader atmosphere of the college, rather than in the narrow atmosphere of the professional schools. Some sacrifice of intensity of

application this doubtless will involve; but I believe that any loss from this cause will be more than compensated by the increased gain in sympathy and enjoyment, in the spirit of progress and in the power of using such professional work for the benefit of a man's fellows, which will accrue from this change. I would not abate one jot of the strictness of our requirement of scientific knowledge as a preliminary in professional study; but I would welcome that knowledge, no matter where it was acquired. I would hold that if a man really had the necessary training in chemistry or anatomy, he would make a better physician instead of a worse one if he had obtained it outside of the limits of the professional school. Instead of discouraging men from beginning their scientific studies before they enter a professional school—which is the net result of our present somewhat exclusive policy—I would stimulate such study in the colleges, giving fair recognition to its results. I would encourage a man to begin his scientific specialization at as early a period as possible and to defer his ethical specialization until as late a period as possible. The sooner a man's brain begins to turn to his lifework the better; but the later a man's horizon tends to be narrowed to the sphere of his lifework the better also.

I believe, therefore, that the true policy is not a shortening of the college course and an attempt to make it a time of intellectual eclecticism, if not of intellectual dissipation; but an inclusion within that college course of all the scientific studies which it can be made to contain, and the fullest recognition by our various professions and professional schools of the results of such study when obtained in the college atmosphere. I believe that in this way we can best solve the problem of training men for the duties of their several professions, without untraining them for the wider duties of scientific progress and of American citizenship. I believe that in this age, more than in all others, we need to emphasize the importance of those conditions in education which make for catholicity of sympathy, for wide acquaintance with all kinds of men, and for broad range of vision, both present and future. I plead not for any lowering of professional standards or for any lessening of intensity of requirements; but for the recognition of the great fact that our engineers and our lawyers, our ministers and our physicians, must be men first and technologists afterwards—and that any true system of professional education should find a place for helping men to broaden their mental and moral horizon, even while they are learning to concentrate their vision on those special lines of human activity with whose investigation they are charged.—Journal of the American Medical Association.

A SAFE SUBSTITUTE FOR COCAINE IN LOCAL ANESTHESIA

Dr. F. Gregory Connell, in a most interesting paper on "Local Anesthesia" (*Annals of Surgery*, December, 1903), states that the chief reason for the large number of substitutes for cocaine is the danger of systematic poisoning from its absorption. Out of 250 reported cases of accidental poisoning thirteen terminated fatally. In a recent series of fifty cocaine injections for analgesia in various pathological conditions evil effects were noted in three instances. To avoid its dangers it should be employed in very dilute solutions or recourse should be had to some nontoxic substitute. The author refers to a series of over eighty cases in which Eucaine B was employed as the local anesthetic without untoward effects. Aside from its toxicity cocaine has the disadvantage of inability to sterilize, although there is some difference on this point. In reference to eucaine Dr. Connell writes as follows:

Eucaine A, the first product to bear the name, was of but little improvement over cocaine; but Eucaine B of the improved preparation has for its most characteristic and advantageous features the following: (a) Non-toxicity, the fatal dose being so large, between 0.4 to 0.5 gm. (6 to 7.5 grains) per kilo (2.5 pounds) of body weight, that there is practically no liability of such a lethal dose being injected in the course of an ordinary local anesthesia. (b) It may be sterilized by heat without the loss of any of its anesthetizing properties. (c) It will not deteriorate or decompose with keeping, (d) and, it is claimed, will not increase the tendency to hemorrhage to any marked degree; that vasomotor paralysis and secondary hemorrhage will occur less frequently than after the use of cocaine. These points have been the most influential in placing Eucaine B as the local anesthetic of choice, and its use is being rapidly increased.—*International Journal of Surgery*.

According to the "Dominion Medical Monthly" for June, the French Codex states that a spoon is full when the liquid it contains comes up to, but does not show a curve above, the upper edge or rim of the bowl. The Philadelphia College of Pharmacy has recently resolved upon promulgating this definition and has been endorsed by the American Pharmaceutical Association. The equivalents with the metric system of weights and measures are as follows: one spoonful, 5 cubic centimetres; one dessertspoonful, 10 cubic centimetres; 1 tablespoonful, 3 teaspoonfuls, or 15 cubic centimetres.

Gude's Pepto-Mangan, if we look over the field of preparations launched upon the market, claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we will find their name is legion. Since its introduction to the medical profession of America, many manufacturers through their representatives have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and today find a resting place in some upper loft labeled, "Deadstock." "Gude's" has stood the test of clinical investigation in both private and hospital practice; moreover, it has been before the profession during the last 12 years, and during this period has steadily grown in favor.

"The gouty and rheumatic diatheses are frequently associated with organic and functional disturbances of the various viscera. In these conditions the class of drugs called Alterative are especially indicated, relieving as they do circulatory obstructions and stimulating secretion. In Tri-Iodides, Henry, we have a powerful alterative and resolvent; a glandular and hepatic stimulant, indicated in all conditions dependent upon perverted tissue metabolism, especially so in rheumatic affections with or without demonstrable syphilitic taint."

The most valuable possession of a modern surgeon is a refined and accurate tactile sense. The great majority of patients are only too glad to submit to a thorough examination, and the latter, done as a routine measure in all surgical cases, is not only often productive of unsuspected information, but is of the greatest educational value to him who recognizes that skill with the knife should only be a small part of his attainments.—Ex.

DOCTOR

When in need of **Surgical Supplies** and **Antiseptic Dressings**, don't fail to get our prices. We can save you money. In our Rx department we use **only the best**, always insuring the best results.

ADAMS DRUG CO.,

Second Avenue and 19th Street,



MODERN SURGERY.

Fourth Edition, Greatly Enlarged and Entirely Reset.

MODERN SURGERY: General and Operative. By John Chalmers DaCosta, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome octavo volume of 1099 pages, with over 700 illustrations, some in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The author's extensive experience as a teacher is evident throughout the entire work, the statements being clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. So many improvements, discoveries, and observations have been made since the appearance of the last edition of this work that the author found it necessary to rewrite it entirely. In this fourth edition the book shows evidences of a thorough and careful revision, and there has been added much new matter. There have also been added over two hundred excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter it has been deemed advisable in this present addition to adopt a larger type page. This is a great improvement, rendering, as it does, the work less cumbersome. This book will be found to express the latest advances in the art and science of surgery. We certainly recommend it,

CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS.

Second Edition, Thoroughly Revised.

CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS. A Clinical Guide for the use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M. D., formerly Instructor in Chemistry, Harvard University Medical School, Boston; Assistant in Clinical Pathology, Boston City Hospital, etc. Second Revised Edition. Handsome octavo volume of 418 pages, illustrated, including 11 plates, 9 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth \$3.00 net.

The aim of this work is to present in as concise manner as possible the chemistry of the urine in its relation to physiologic processes; the most approved working methods, both qualitative and quantitative; the diagnosis of diseases and disturbances of the urinary processes. It is a work eminently in demand, since most of the books on the urine are devoted exclusively to urinary chemistry, a knowledge of urinary diagnosis being obtainable only by an extended search through works on medicine, surgery, pathology, and chemistry.

In this, the second edition, special effort has evidently been directed toward making the text complete and bringing it absolutely down to the present day advances in the subject. Important changes have been made in Part I, especially in connection with the determination of Urea, Uric Acid, and Total Nitrogen; and the subjects of Cryoscopy and Beta-Oxybutyric Acid have been given a place. The changes in Part II; while not so extensive, are nevertheless numerous and practical, and show that the author has spared neither pains nor time in making the revision thorough. It is a good book, and both students and practitioner will find it a valuable aid in their clinical work. We recommend it.

SAUNDERS' MEDICAL HAND-ATLASES.

ATLAS AND EPITOME OF ABDOMINAL HERNIAS.

ATLAS AND EPITOME OF ABDOMINAL HERNIAS. By Privat-docent Dr. George Sultan, of Gottingen. Edited, with additions, by William B. Coley, M. D., Clinical Lecturer on Surgery, Columbia University (College of Physicians and Surgeons). With 119 illustrations, 36 of them in colors, and 277 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$3.00 net.

This new addition to Saunders' series of Medical Hand-Atlases covers one of the most important subjects in the entire domain of

medical teaching, since these hernias are not only exceedingly common, but the frequent occurrence of strangulation demands extraordinary quick and energetic surgical intervention. While the well-known work of Macready will always remain a classic, it has never made any claims to deal with the operative side of the subject, and this is a side that, during the last decade, has been steadily growing in importance, until now it is absolutely essential to have a book treating of the surgical aspect of the subject. This present atlas does this to an admirable degree, and without question, will prove of very great value to the general surgeon and practitioner.

The illustrations are not only very numerous, but they excel, in the accuracy of the portrayal of the conditions represented, those of any other work upon abdominal hernias with which we are familiar. Indeed, like all the other numbers of this excellent series, the work is a worthy exponent of our present knowledge of the subject, and in its field is unrivalled.

A MANUAL OF THE PRACTICE OF MEDICINE.

Sixth Edition, Thoroughly Revised, Enlarged and Reset.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A. M., M. D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes' Hospital; Fellow of the College of Physicians of Philadelphia, etc. Sixth edition, Thoroughly Revised, Enlarged, and Reset. Handsome Post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Flexible Leather, \$2.25 net.

The popularity of this manual on the Practice of Medicine can be attested for by its numerous editions. The work covers completely the ground gone over by the student, special stress being laid on diagnosis, differential diagnosis, and treatment. Each disease is treated in a concise, clear, and scientific manner, and the reader can not fail to grasp the author's meaning. This sixth edition has been entirely reset and greatly enlarged, without changing, however, the original style of the work. Many articles, notably those on Diseases of the Digestive System, Diseases of the Myocardium, Malaria, Diseases of the Blood, Gout, Diseases of the Spinal Cord and Larynx, have been entirely rewritten, thus bringing the work absolutely abreast the times. After a careful examination we can unhesitatingly recommend this book to students.

THE ALABAMA MEDICAL JOURNAL

FOUR EPOCHS OF WOMAN'S LIFE.

Second Edition, Revised and Greatly Enlarged.

THE FOUR EPOCHS OF WOMAN'S LIFE. Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M. D. Author of "Hygiene and Physical Culture for Women; Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, \$1.50 net.

This work, written for the instruction of the laity on subjects of which every woman should have a thorough knowledge, is indeed a timely and excellent one. The fact that a second edition has been demanded in such a short time is sufficient proof that women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern the epochs of their lives. The language used is clear and comprehensive, yet, withal modest, and the meaning easily grasped even by those unfamiliar with medical subjects. As a further aid a comprehensive glossary of medical terms has been appended.

In this new edition the author has made some excellent additions, viz: A section on "The Hygiene of Puberty;" one on "Hemorrhage at the Menopause a Significant Symptom of Cancer;" and one on "The Hygiene of the Menopause." These sections make the work the very best on the subject we have seen, and physicians will be doing a real service by recommending it to their patients.

THE AMERICAN POCKET MEDICAL DICTIONARY.

Fourth Revised Edition, Greatly Enlarged.

THE AMERICAN POCKET MEDICAL DICTIONARY. Edited by W. A. Newman Dorland, M.D., Assistant Obstetrician in the Hospital of the University of Pennsylvania. Containing the pronunciation and definition of the principal words used in medicine and kindred sciences, with 566 pages and 64 extensive tables. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Flexible leather, with gold edges, \$1.00 net; with thumb index, \$1.25 net.

In this little work, now in its fourth edition, we have a pocket dictionary equaled by none on the market. It is a wonder to us how the

editor has gotten so much information in such a small space. In this edition several thousand of the newest terms that have appeared in recent medical literature have been added, and the entire work subjected to a careful revision. Since the work has come to us for review, we have had many occasions to refer to it for definitions of new words, and in no instance have we been disappointed. We believe that the work in its new form will meet more fully than ever a real demand on the part of physicians and students.

DISEASES OF THE SKIN.

A TREATISE ON DISEASES OF THE SKIN. For the use of Advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Clinical Professor of Dermatology, Jefferson Medical College and Woman's Medical College, Philadelphia; Dermatologist to the Howard and Philadelphia Hospitals. Handsome octavo of 1125 pages, with 220 text-illustrations, and 26 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$3.00 net; Sheep or Half Morocco, \$7.00 net.

This book presents the practical part of the science of dermatology in a sufficiently full and complete manner to make the work one that will give the general practitioner a clear comprehension of the symptomatology, diagnosis, and treatment of the various affections with which he is most likely to come in contact. Diagnosis being the most difficult and confusing part of cutaneous medicine has been wisely accorded considerable attention. The elaborate remarks under General Diagnosis will be found of substantial aid in narrowing the diagnostic possibilities. Treatment has been detailed with unusual clearness and accurateness, the author, in addition to the remedies and methods used in his own practice, having referred frequently to those employed and advised by others.

But in stating that the book deals with the practical parts of dermatology, it is not to be understood that etiology and pathology have been neglected. These have been given entirely satisfactory consideration, and their treatment will be found a complete, but concise, reflex of our present knowledge. The clinical and pathologic aspects are further elucidated by a large number of very beautiful illustrations, mainly from the author's own collection, besides a number of colored lithographic plates of exceptional merit. Indeed, the work though originally planned for the student and general physician, will be found of material assistance to the dermatologist, as presenting the most recent advancements in the subject.

INTERNATIONAL TEXT-BOOK OF SURGERY.

Second Edition, Thoroughly Revised and Enlarged.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. In two volumes. By American and British Authors. Edited by J. Collins Warren, M. D., LL.D., F. R. C. S. (Hon.), Professor of Surgery, Harvard Medical School; and A. Pearce Gould, M. S., F. R. C. S., of London, England. Second Edition, Thoroughly Revised and Enlarged. Vol. I. General and Operative Surgery. Royal Octavo of 965 pages, with 461 illustrations, and 9 full-paged colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1122 pages, with 499 illustrations, and 8 full-paged colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 Net.

In planning this work the editors and co-workers have kept constantly in mind the needs of both student and practitioner. The result—a masterly exposition of the art and science of surgery, untrammelled by antiquated traditions. In its realization they have given to medical literature an invaluable text-book, embodying a clear but succinct statement of our present knowledge of surgical pathology, symptomatology, and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chapters on Military and Naval Surgery have been very scrupulously revised and extensively re-written in the light of the knowledge gained during the recent wars. The articles on the effect upon the human body of the various kinds of bullets, and the results of surgery in the field are based on the latest reports of the surgeons in the field.

The chapter on Diseases of the Lymphatic System has been completely re-written and brought up-to-date; and of special interest is the chapter on the Spleen.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent; we know of none to surpass it. It is clear, concise, and up-to-date.